FSCJ Florida State College at Jacksonville

Supplier Contact Information

Company/Individual Name: _____

Contact Name: _____ **Federal Tax ID Number**: _____

Street Address/P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

If the remittance address is different from the mailing address, please use the spaces below to provide the remittance information. Please fill out the information completely.

Remittance:

Company/Individual Name: _____

Contact Name: _____

Street Address/P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Date:** _____

Signature: _____ **Title:** _____

CC:

accountspayable@fscj.edu