

CITY OF LYNN HAVEN



FINANCE DEPARTMENT

- ✓ Working on going paperless
- ✓ Offering ACH/EFT payments to get you your money faster.

Please include accountspayable@cityoflynnhaven.com on all invoices and statements to get payments in a timely manner.

The city is changing the payment schedule to every other Friday. This change will take effect at the beginning of the new fiscal year **October 1, 2025**. Invoices are due the Thursday a week prior to the payments being issued.

Example: For payments issued on October 10, 2025, all invoices are due October 2, 2025 by 12:00 P.M.

If you have any questions or concerns,
please contact:

accountspayable@cityoflynnhaven.com

City of Lynn Haven

825 Ohio Avenue

Lynn Haven, FL 32444

(850) 248-0619

www.cityoflynnhaven.com



UPDATING VENDOR INFORMATION

Vendors,

We are pleased to have/welcome you as a vendor to the City of Lynn Haven. We have enjoyed many longstanding relationships with our vendors, and they are a strong reason for our past and continued success. This packet ensures the proper on-boarding of your company/services and helps guarantee payments are made promptly. We look forward to working with you!

Items needed to be set up as vendor:

- _____ Vendor application completed and signed
- _____ W-9 completed and signed
- _____ Vendor ACH authorization form completed and signed
- _____ Proof of Liability Insurance (if doing work on City Properties)
- _____ Proof of Worker's Comp Insurance or Exemption (if doing work on City Properties)

List of purchasing requirements for the city:

- The City only pays from an Invoice
- All invoices need a corresponding Purchase Order Number must be on all invoices.
- Invoices are due the Thursday the week before payment is issued.
- Payments to the vendor are made after timely receipt of the properly completed invoice every other Friday starting October 10, 2025
- The city offers pay by ACH if interested please see ACH authorization form for ACH Approval

IMPORTANT BILLING INFORMATION:

To ensure prompt payment to you, the vendor, please make sure that you have the Purchase Order # on the invoice, and the invoice is sent to; accountspayable@cityoflynnhaven.com

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VENDOR APPLICATION

APPLICATION		
<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Change/Update Information	Date:

REMITTANCE ADDRESS (FOR PAYMENT ON YOUR INVOICE)		
Name of Company		
Address		
City	State	Zip
Telephone #	Fax #	Web Address
Contact Name	Email Address	

CORRESPONDENCE ADDRESS (Check if same as above)		
Name		
Address		
City	State	Zip
Telephone #	Fax #	Web Address
Contact Name	Email Address	

TYPE OF ORGANIZATION			
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
<input type="checkbox"/> Other			

FEDERAL TAX ID NUMBER (OR SOCIAL SECURITY)

TYPE OF PAYMENT	
DOES YOUR COMPANY ACCEPT PURCHASE ORDERS	<input type="checkbox"/> YES <input type="checkbox"/> NO – WHAT DO YOU ACCEPT _____

BUSINESS LICENSE Construction Only	
County/City issued by:	State of:
License No:	Expiration Date:

BUSINESS TYPE OR SERVICE	
<input type="checkbox"/> Advertising – Newspaper – Radio – Agency	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Associations – Memberships	<input type="checkbox"/> Outdoor Equipment & Buildings
<input type="checkbox"/> Bank or Financial Institutions	<input type="checkbox"/> Janitorial Supplies
<input type="checkbox"/> City – County – State Agency	<input type="checkbox"/> Paper Products
<input type="checkbox"/> Cleaning Services	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Communications	<input type="checkbox"/> Postage & Courier Services
<input type="checkbox"/> Computer – Hardware & Software	<input type="checkbox"/> Printing & Binding
<input type="checkbox"/> Computer – IT Services	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Contractual Services	<input type="checkbox"/> Publications – Magazines
<input type="checkbox"/> Copier Services – Sales – Leases – Supplies	<input type="checkbox"/> Security
<input type="checkbox"/> Food & Restaurant	<input type="checkbox"/> Signs & Awards
<input type="checkbox"/> Furniture	<input type="checkbox"/> Solid Waste – Sanitation
<input type="checkbox"/> Floral & Gifts	<input type="checkbox"/> Training & Certifications – Educational
<input type="checkbox"/> Fuel	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Hardware – Lumber – Tools	<input type="checkbox"/> Utilities
<input type="checkbox"/> Health & Safety Equipment	<input type="checkbox"/> Vehicles – Heavy Equipment
<input type="checkbox"/> Insurance – Health – Liability – Auto	<input type="checkbox"/> Vehicles – Parts & Repair
<input type="checkbox"/> Industrial Supplies	<input type="checkbox"/> Vehicles – Sales
<input type="checkbox"/> Other (please list)	
A generic description of the product(s)/service(s) your company provides:	

SIGNATURE	
Signature:	Title:
Printed Name:	Date:

RETURN TO:
City of Lynn Haven Purchasing Department 825 Ohio Ave Lynn Haven, FL 32444 or at Accountspayable@cityoflynnhaven.com

FOR CITY USE ONLY	
<input type="radio"/> Vendor Number _____ or NIS	<input type="radio"/> File Updated _____

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VENDOR ACH AUTHORIZATION FORM

VENDOR INFORMATION		
Name of Company		
Address		
City	State	Zip
Telephone #	Email Address	
Accounts Receivable Contact Name		

AUTHORIZATION AGREEMENT

I (we) hereby authorize **THE CITY OF LYNN HAVEN**, to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

FINANCIAL INSTITUTION

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Bank Name	Bank Branch
City	State Zip code
Routing Number	
Account Number	

This authorization is to remain in full force and effect until **THE CITY OF LYNN HAVEN** has received written notification from me (us) of its termination in such a time and in such a manner as to afford **THE CITY OF LYNN HAVEN** and the **BANK** a reasonable opportunity to act on it.

AUTHORIZATION SIGNEE

Signature	Title
Printed Name	Date

City of Lynn Haven Purchasing Department 825 Ohio Ave Lynn Haven, FL 32444 or at Accountspayable@cityoflynnhaven.com

FOR CITY USE ONLY

<input type="radio"/> Vendor Number _____	<input type="radio"/> File Updated _____
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