

**Attachment F  
Ordering Instructions Form**

**A punch-out catalog is required for this contract. The intent of this form is to supplement the punch-out catalog and to provide customers additional ordering instruction information.**

RESPONDENT: \_\_\_\_\_

VENDOR TAX ID NUMBER: \_\_\_\_\_

**Ordering Information:**

Please provide the following information about where Customers should direct orders. You **must** provide a regular mailing address and email address. If equipped to receive purchase orders electronically, you may also provide an Internet address.

**NOTE: Duplicate as necessary for multiple ordering locations.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

Ordering Fax Number: \_\_\_\_\_

Internet Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

**Remit Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please identify the person who will be responsible for administering the Contract on your behalf if award is made, and include an emergency contact phone number:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please identify the person who will be responsible for maintaining your electronic catalog information through MyFloridaMarketPlace.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please be advised that vendors are responsible for verifying and maintaining the correct contact and address information within their MyFloridaMarketPlace vendor registration account. Failure to do so may result in the vendor being deemed ineligible to conduct business with the State of Florida.