



## Integrated Fire & Security Solutions, Inc.

### New Vendor Registration

**Report Date:** March 2, 2026, 5:48 p.m.

**New Vendor Request Submitted:** Feb. 25, 2026, 2:04 p.m.

**Legal Name:** Integrated Fire & Security Solutions, Inc.

**Corporate Address:**

1970 Dana Dr Fort Myers, FL 33907-2104 United States of America  
Address Validated

**Corporate Email:** AR@ifssi.com

**Main Telephone Number:** +12394154374

**URL:**

**D&B D-U-N-S Number:**

**Unique Entity Identifier:**

**Tax Country:** US

**Tax Classification:** C Corporation

**Tax ID:**

**Employer Identification Number (EIN):** 753213855

**TIN/Name IRS Validation:** VALID

**W8/W9:** <https://www.paymentworks.com/api/files/integratedfiresecuri/private/w8-w9-integratedfiresecuri.pdf>

**Sanction List Report:** No Alerts Found

**Description of Goods and Services:**

Goods and Services

**Initiator Name (first and last):**

Elena Muniz

**Initiator Email:**

emuniz@davie-fl.gov

**Initiator Department:**

Information Systems

**Initiator Phone Number:**

9547971084

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Entity

**Is your company being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

ar@ifssi.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN\\_OF\\_DAVIE\\_COI.pdf](https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN_OF_DAVIE_COI.pdf)

**Commercial General Liability Insurance Expiration Date:**

2026-05-01

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN\\_OF\\_DAVIE\\_COI\\_WIAUBwf.pdf](https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN_OF_DAVIE_COI_WIAUBwf.pdf)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2026-05-01

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN\\_OF\\_DAVIE\\_COI\\_6xxgbcS.pdf](https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/TOWN_OF_DAVIE_COI_6xxgbcS.pdf)

**Commercial Automotive Insurance Expiration Date:**

2026-05-01

**Accounts Receivable Contact Name:**

Sandy Ferguson

**Accounts Receivable Contact Phone Number:**

+12394154374;ext=101

**Accounts Receivable Contact Email:**

ar@ifssi.com

**Sales Contact Name:**

Angel Ricardo

**Sales Contact Phone Number:**

+17542594203

**Sales Contact Email:**

aricardo@ifssi.com

**Are you a Federally certified diverse business?:**

No

**Are you a State of Florida certified disadvantaged business?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287.135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable).:**

[https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/IFSS\\_Sunbiz.pdf](https://www.paymentworks.com/api/files/58a217fc-f287-4feb-922f-3618026eb169/private/save-draft-files/IFSS_Sunbiz.pdf)

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

1970 Dana Dr Fort Myers, FL 33907-2104 United States of America

Address Validated

**Bank Account:**

**Name on Account:** Integrated Fire & Security Solutions, Inc.

[REDACTED]

[REDACTED]

**Tags:**

No Tags

**Comments:**

No Comments