

Vendor Application - University of Florida

You may fill these forms out on-line, print them, and send them by mail, fax or email to Vendor Maintenance:
 Mail: University of Florida, Attn: Vendor Maintenance, PO Box 115350, Gainesville, FL, 32611-5350
 Fax: Attn: Vendor Maintenance at 352-392-1386
 Email: addvendor@ufl.edu (use this address if you need assistance with these forms)

Note: This application is valid for one year from last payment or application date, whichever is later.
A W-9 must be attached to process this application.

 Name of Business or Payee

 Date of Application

Part 1 - Contact Information

Main Address			
City			
State		Zip	

Remit Address			
City			
State		Zip	

Business Phone Number	
Business Fax Number	
Business Website	

Contact Person	
Contact Phone Number (if different from business number)	
Contact Email	

Part 2 - Small and/or Minority Status Information - Check all that apply

FEDERAL CLASSIFICATIONS	STATE OF FLORIDA CERTIFIED MINORITY BUSINESS ENTERPRISES (CMBE)	NON-CERTIFIED MINORITY BUSINESS ENTERPRISES (NMBE)	NON-PROFIT ORGANIZATION
<input type="checkbox"/> SBA 8(a) Certification	<input type="checkbox"/> African American	<input type="checkbox"/> African American	<input type="checkbox"/> Minority Board of Directors
<input type="checkbox"/> Small Disadvantaged Business Certification	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Minority Employees
<input type="checkbox"/> HUBZone Certification	<input type="checkbox"/> Asian/Hawaiian	<input type="checkbox"/> Asian/Hawaiian	<input type="checkbox"/> Minority Community Served
<input type="checkbox"/> Veteran	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Service Disabled Veteran	<input type="checkbox"/> American Woman	<input type="checkbox"/> American Woman	
<input type="checkbox"/> Vietnam Veteran	Check all that apply		
<input type="checkbox"/> Women Owned			
<input type="checkbox"/> Minority-Owned Business			

- A. If you select a classification that is certified by a Federal or State agency, please supply your certification numbers and expiration dates for each certification and the agencies along with this application.
- B. To determine your Federal Size Standard, please access the U.S. Small Business Administration's web site (<http://www.sba.gov/smallbusinessplanner/>) or the SBA's Size Standards web site (<http://www.sba.gov/size/>) to look up your North American Industry Classification System (NAICS) Code and the qualifying number of employee's or annual dollar amount. If you are using Federal Size Standards, please specify the codes used:
 NAICS CODE: _____ Number of Employees: _____ OR Annual Amount: \$ _____

Part 3 - Purchase Order and Payment Preferences

By which delivery method do you prefer to receive purchase orders?
 Fax
 Email
 Postal mail

Payment Discount Terms:
 2% Net 10
 Other: _____

By which delivery method do you prefer to receive payment?
 Check
 EFT (To receive payment by Electronic Funds Transfer, please complete the attached form and submit to the address)

Part 4 - Additional Payment Information and Signature

I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with the University of Florida my firm is in compliance with Chapter 112, Florida Statutes relating to conflict of interest (to review the Statute in full, visit <http://www.flsenate.gov/Statutes/>).

 Name of Person Completing/Authorizing Application

 Title of Person Completing/Authorizing Application

 Signature of Person Completing/Authorizing Application

 Date