

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,

P.O. Box 115350, Gainesville, FL, 32611-5350

Fax: 352-392-1386 Email: addvendor@ufl.edu

If you need assistance with these forms you can contact us via email at addvendor@ufl.edu

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 _____		
(If different) _____		
City _____	State _____	Zip _____

Business Phone Number _____

Contact Person _____

Business Fax Number _____

Contact Phone Number _____
(if different from business number)

Business Website _____

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			
<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 website: <http://www.sba.gov/starting/indexwhatis.html> or go the SBA's <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 required [Electronic Funds Transfer form.](#))

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 112.313, 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

Date