

## 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 352-392-0081  
 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	<b>Check all that apply</b>		
<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? <input type="checkbox"/> Fax <input type="checkbox"/> Email	Payment Discount Terms: <input type="checkbox"/> 2% Net 10 <input type="checkbox"/> Other: _____
By which delivery method do you prefer to receive payment? <input type="checkbox"/> Check <input type="checkbox"/> EFT (To receive payment by Electronic Funds Transfer, please complete the attached form and submit to the address) <input type="checkbox"/> VISA ePayables (You will be contacted by University Disbursement Services staff)	

### Part 4 – Additional Payment Information and Signature

I certify that the information supplied herein is correct to the best of my knowledge.

\_\_\_\_\_  
 Name of Person Completing/Authorizing Application

\_\_\_\_\_  
 Title of Person Completing/Authorizing Application

\_\_\_\_\_  
 Signature of Person Completing/Authorizing Application

\_\_\_\_\_  
 Date