

## 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	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? <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

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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

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<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			
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- 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.
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### Part 3 – Purchase Order and Payment Preferences

By which delivery method do you prefer to receive purchase orders?

- Fax  
 Email

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)  
 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

Please leave this area blank

**UNIVERSITY OF FLORIDA ELECTRONIC  
PAYMENT AUTHORIZATION Michael V.  
McKee, University Controller PLEASE TYPE  
OR PRINT CLEARLY**

Your Tax Identification Number

Legal Name

Address (Number, Street)

City

State

Zip Code

Telephone  
( )

Fax  
( )

Action Requested  
**(Check Only One)**

- (1) Start
- (2) Change
- (3) Stop
- (4) Name Change Only

Account Type  
**(Check Only one)**

- (1) Checking
- (2) Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution

( )

Signature

Date

Email address for Remittance Advice

THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature  
above signifies acceptance of the terms and conditions in the  
**AGREEMENT** to the right.

**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!**  
**For a Start or Change of electronic payment all boxes  
must be completed.**  
**Do not leave information blank!**

**This form will start, change, or stop electronic payment for  
all payments received by you from the University of Florida.  
This does not apply to employee salary payments.**

**Name:**

Please be sure your last name on this form matches the last  
name on the W-9 on file with Purchasing and Disbursement  
Services Office. Your electronic payment will not start if the last  
names do not match.

**Action Requested:**

- (1) Check **Start** if you don't have electronic payments and wish to.
- (2) Check **Change** if you have electronic payments and wish to  
change your financial institution or just your account  
number or account type (checking or savings). Your  
current electronic payment is stopped when a change  
request is received. While the change is being processed,  
you will be paid by warrant (check).
- (3) Check **Stop** if you wish to stop your electronic payment.
- (4) Check **Name Change Only** if you are changing only your  
name to correspond to your W-9. Complete the top portion  
of the form and sign and date it.

**Account Number:**

Please make sure the account number written on this form is  
correct. If you are not sure, PLEASE CONTACT YOUR  
FINANCIAL INSTITUTION.

**Transit Routing Number:**

This is the nine-digit number that identifies your financial institution.  
It is found in the bottom left-hand corner of your checks.

**AGREEMENT**

I hereby authorize and request the University of Florida to initiate  
credit entries and, if necessary, a debit entry in accordance with  
NACHA rules reversing a credit entry made in error, to my account  
at the financial institution named. The electronic payment data  
remains in effect until withdrawn by:

- (a) Written notification to the University;
- (b) death or legal incapacity;
- (c) the financial institution or
- (d) the University of Florida.

**Special Note:**

Please make sure your electronic payment has stopped before  
closing your account. Otherwise, the funds will be returned to the  
University and cause a delay before you receive your payment in  
the mail.

Please note that in order to add your EFT information we must  
have one of the three forms of back up:

- 1). A voided check which confirms the account/routing number  
on your form.
- 2). A signed letter from a bank representative on bank letter  
head which lists and confirms the account/routing number
- 3). A signed letter from the company's CFO/owner on company  
letter head which lists and confirms the account/routing number.

Please return completed form with a voided  
check attached to:

Fax: 352-392-0081

E-mail: [addvendor@ufl.edu](mailto:addvendor@ufl.edu)

Or mail to: University of Florida  
ATTN: Vendor Maintenance  
PO Box 115350  
Gainesville, FL 32611-5350  
Telephone: (352) 392-1241