Please fill these forms out online, print, and send them by mail or fax to the specific UF department you’re working with.
UF departments may send vendor forms directly to Vendor Relations by mail or fax:
Mail: University of Florida, Attn: Vendor Maintenance, PO Box 115350, Gainesville, FL, 32611-5350
Fax: Attn: Vendor Maintenance at 352-392-0081

*If you have any questions or require assistance in filling out these forms please feel free to e-mail us 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

**Part 1 – Contact Information**

<table>
<thead>
<tr>
<th>Main Address</th>
<th>Remit Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Business Phone Number

Business Fax Number

Business Website

Contact Person

Contact Phone Number

Contact Email

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

<table>
<thead>
<tr>
<th>FEDERAL CLASSIFICATIONS</th>
<th>STATE OF FLORIDA CERTIFIED MINORITY BUSINESS ENTERPRISES (CMBE)</th>
<th>NON-CERTIFIED MINORITY BUSINESS ENTERPRISES (NMBE)</th>
<th>NON-PROFIT ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ SBA 8(a) Certification</td>
<td>□ African American</td>
<td>□ African American</td>
<td>□ Minority Board of Directors</td>
</tr>
<tr>
<td>□ Small Disadvantaged Business Certification</td>
<td>□ Hispanic</td>
<td>□ Hispanic</td>
<td>□ Minority Employees</td>
</tr>
<tr>
<td>□ HUBZone Certification</td>
<td>□ Asian/Hawaiian</td>
<td>□ Asian/Hawaiian</td>
<td>□ Minority Community Served</td>
</tr>
<tr>
<td>□ Veteran</td>
<td>□ Native American</td>
<td>□ Native American</td>
<td>□ Other Non-Profit</td>
</tr>
<tr>
<td>□ Service Disabled Veteran</td>
<td>□ American Woman</td>
<td>□ American Woman</td>
<td></td>
</tr>
<tr>
<td>□ Vietnam Veteran</td>
<td>□ Small Business</td>
<td>□ Small Business</td>
<td></td>
</tr>
<tr>
<td>□ Women Owned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Minority-Owned Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Small Business</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check all that apply**

**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?

- □ ACH (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

FA-PDS-UFVA 03/2010
UNIVERSITY OF FLORIDA ELECTRONIC PAYMENT AUTHORIZATION

Alan M. West, 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

**Please note that in order to add your ACH information we must have one of the following forms of account verification:

1). A voided check which confirms the account/routing number on your form. No starter checks accepted.
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.
4). A copy of the bank statement that lists and confirms the account/routing number.

Please return completed form with account verification attached to:

Fax: 352-392-0081

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

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