Supplier Application - University of Florida

*If you have any questions or require assistance in filling out these forms please use the Contact form found here: https://uf.tfaforms.net/f/Finance-Hub

* **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 | Date of Application | | | |
|--|-------------------------------------|--------------|--|-------------------------------|--|--|
| • | _ | | | | | |
| Part 1 – Contact Information | | Domit | Addross | | | |
| Main Address | | Remii | Remit Address | | | |
| | | | | | | |
| City | | City | Dity | | | |
| State | Zip | State | | Zip | | |
| Business Phone Number | | | Contact Person | | | |
| Business Fax Number | | _ | Contact Phone Number | | | |
| Business Website | | (ir differen | (if different from business number) Contact Email | | | |
| Part 2 – Small and/or Minor | ity Status Information Ch | ook all that | | | | |
| Part 2 – Small and/or Willor | STATE OF FLORIDA CERTI | | appry NON-CERTIFIED | | | |
| FEDERAL MINORITY BUSIN CLASSIFICATIONS ENTERPRISES (CI | | MII | NORITY BUSINESS ERPRISES (NMBE) | NON-PROFIT ORGANIZATION | | |
| ☐ SBA 8(a) Certification | ☐ African American | □ A: | rican American | ☐ Minority Board of Directors | | |
| ☐ Small Disadvantaged Business Certification | ☐ Hispanic | □н | spanic | ☐ Minority Employees | | |
| ☐ HUBZone Certification | ☐ Asian/Hawaiian | | ian/Hawaiian | ☐ Minority Community Served | | |
| □ Veteran | ☐ Native American | | tive American | ☐ Other Non-Profit | | |
| ☐ Service Disabled Veteran☐ Vietnam Veteran☐ | ☐ American Woman ☐ Small Business | | nerican Woman | _ | | |
| ☐ Women Owned | | | | | | |
| ☐ Minority-Owned Business | 1 | Che | Check all that apply | | | |
| ☐ Small Business | 1 | | | | | |
| 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 □ 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 Paymen | t Information and Signature |) | | | | |
| I certify that the information supp | olied herein is correct to the best | of my knowle | dge. | | | |
| Name of Person Completing/Authorizing Application | | Title | Title of Person Completing/Authorizing Application | | | |
| Signature of Person Completing/ | | Date | Date | | | |
| Authorizing Application | | | | | | |

FA-PDS-UFVA 09/2023