

Supplier Application - University of Florida

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 Supplier Relations by mail or fax:

Mail: University of Florida, Attn: Supplier Maintenance, PO Box 115350, Gainesville, FL, 32611-5350

Fax: Attn: Supplier 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 addsupplier@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			
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	<input type="checkbox"/> Small Business	<input type="checkbox"/> Small Business	
<input type="checkbox"/> Women Owned	Check all that apply		
<input type="checkbox"/> Minority-Owned Business			
<input type="checkbox"/> Small 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?

- 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/

Date

Authorizing Application

**UNIVERSITY OF FLORIDA DOMESTIC ELECTRONIC
PAYMENT AUTHORIZATION**
Alan M. West, University Controller
PLEASE TYPE OR PRINT CLEARLY

****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 copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.

Your Tax Identification Number

**ALL FIELDS
REQUIRED!**

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 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 copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.

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