

**FLORIDA A&M UNIVERSITY
PURCHASING DEPARTMENT**

2380 Althea Gibson Way, Suite 214, Tallahassee, FL 32307
OFFICE: (850) 599-3203 **EMAIL:** purchasing@famu.edu

Date: _____

VENDOR APPLICATION			
SECTION I – Contact Information			
Vendor Name:			
Mailing Address (enter information below)		Remit Address (enter information below)	
City		City	
County		County	
State & Zip Code		State & Zip Code	
Telephone		Telephone	
Contact Name		Contact Name	
Toll Free		Toll free	
Email		Email	
Web Page		Web Page	
Additional Contact		Additional Contact	
Section II – Request for Taxpayer ID Number (TIN) and Certification			
Enter your TIN in the appropriate box.		Social Security Number	
For individuals, please enter your Social Security Number (SSN)		Employer Identification Number	
For other entities, please enter your Employer ID# (EIN)		CHECK IF EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>	
Select Appropriate Box <input type="checkbox"/> Individual/Consultant <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Program Participant/Stipend <input type="checkbox"/> Other _____			
Section III – Small and/or Minority Status Information (Please select all that apply)			
Federal Classification	African American State of Florida <input type="checkbox"/> Certified Minority <input type="checkbox"/> Business Enterprises <input type="checkbox"/>	African American Non-Certified <input type="checkbox"/> Minority <input type="checkbox"/> Business <input type="checkbox"/> Enterprises <input type="checkbox"/>	Other Non-Profit Non-Profit <input type="checkbox"/> Organization <input type="checkbox"/>
SBA 8(a) Certification <input type="checkbox"/> Small Business Disadvantaged <input type="checkbox"/> Business Certification <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Women Owned <input type="checkbox"/> Minority-Owned Business <input type="checkbox"/>	African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Hawaiian <input type="checkbox"/> Native American <input type="checkbox"/> American Woman <input type="checkbox"/>	African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Hawaiian <input type="checkbox"/> Native American <input type="checkbox"/> American Woman <input type="checkbox"/>	Minority Board of Directors <input type="checkbox"/> Minority Employees <input type="checkbox"/> Minority Community Served <input type="checkbox"/> Other Non-Profit <input type="checkbox"/>
Section IV – Types of Commodities (Products/Services) – Please select one			
<input type="checkbox"/> Scientific <input type="checkbox"/> Medical <input type="checkbox"/> Laboratory <input type="checkbox"/> Engineering	<input type="checkbox"/> Architecture <input type="checkbox"/> Furniture (Classroom) <input type="checkbox"/> Furniture (Dormitory) <input type="checkbox"/> Office Supplies	<input type="checkbox"/> Janitorial <input type="checkbox"/> Maintenance <input type="checkbox"/> Computer (Technology) <input type="checkbox"/> Consulting Services	
Section V – Purchase Order and Payment Preferences – Please select all that apply			
By which delivery method do you prefer to receive purchase orders? <input type="checkbox"/> Email <input type="checkbox"/> Post Mail 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			
Section VI – Certification and Signature			
I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with the State of Florida my firm is in compliance with Chapter 112, Florida Statutes relating to conflict of interest (to review the Statute in full, visit: http://www.flsenate.gov/Statutes/). All invoices can be mailed to Florida A&M University, Post Office Box 7328, Tallahassee, Florida, 32314-7238 or emailed to: accountspayabledocs@famu.edu			

Name of Person Completing/Authorizing Application

Title of Person Completing/Authorizing Application