

**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

Select Appropriate Box Individual/Consultant LLC Corporation Partnership Trust/Estate
 Program Participant/Stipend 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
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Section V – Purchase Order and Payment Preferences – Please select all that apply

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

Payment Discount Terms 2% Net 10 Other

By which delivery method do you prefer to receive payment? 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