



**FLORIDA A&M UNIVERSITY**  
**PURCHASING DEPARTMENT**  
 2380 WANISH WAY, SUITE 214, TALLAHASSEE, FL 32307  
 OFFICE 850 599-3203, FAX 850 561-2160

**VENDOR APPLICATION**

**Section 1 - Contact Information**

Vendor Name:			
Mailing Address		Remit Address (if different)	
City		City	
County		County	
State & Zip Code		State & Zip Code	
Telephone		Telephone	
Fax		Fax	
Contact Name		Contact Name	
Contact Title		Contact Title	
Toll Free		Toll Free	
Email		Email	
Web Page		Web Page	

**Section 2 - Request for Taxpayer ID Number (TIN) and Certification; SSN IS USED FOR TAX REPORTING PURPOSES ONLY**

Enter your TIN or Number in the appropriate box.  For individuals, this is your Social Security # (SSN).  For other entities, it is your employer ID# (EIN).	Social Security Number		
	Employer Identification Number		
	CHECK IF EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>		
Check Appropriate Box:	Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
	Other <input type="checkbox"/>	Please indicate: _____	

**Section 3 - Small and/or Minority Status Information Please check all that apply**

FEDERAL CLASSIFICATION	STATE OF FLORIDA CERTIFIED MINORITY BUSINESS ENTERPRISES (CMBE)	NON-CERTIFIED MINORITY BUSINESS ENTERPRISES (NMBE)	NON-PROFIT ORGANIZATION
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 Business Disadvantaged Business Certification <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Minority Employees <input type="checkbox"/>
Veteran <input type="checkbox"/>	Asian / Hawaiian <input type="checkbox"/>	Asian / Hawaiian <input type="checkbox"/>	Minority Community Served <input type="checkbox"/>
Service Disabled Veteran <input type="checkbox"/>	Native American <input type="checkbox"/>	Native American <input type="checkbox"/>	Other Non-Profit <input type="checkbox"/>
Vietnam Veteran <input type="checkbox"/>	American Woman <input type="checkbox"/>	American Woman <input type="checkbox"/>	
Women Owned <input type="checkbox"/>			
Minority-Owned Business <input type="checkbox"/>			

**Section 4 - Types of Commodities (Product/Services) - Please check one**

Scientific <input type="checkbox"/>	Architecture <input type="checkbox"/>	Engineering <input type="checkbox"/>	Janitorial <input type="checkbox"/>
Medical <input type="checkbox"/>	Furniture (Classroom) <input type="checkbox"/>	Office Supplies <input type="checkbox"/>	Maintenance <input type="checkbox"/>
Laboratory <input type="checkbox"/>	Furniture (Dormitory) <input type="checkbox"/>	Consulting Services <input type="checkbox"/>	Computer (Technology) <input type="checkbox"/>

**Section 5 Purchase Order and Payment Preferences - Please circle all that apply**

By which delivery method do you prefer to receive purchase orders?	<input type="checkbox"/>	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	Post Mail <input type="checkbox"/>
Payment Discount Terms	<input type="checkbox"/>	2% Net 10 <input type="checkbox"/>	Other <input type="checkbox"/>	
By which delivery method do you prefer to receive payment?	<input type="checkbox"/>	Check <input type="checkbox"/>	Virtual Card <input type="checkbox"/>	

**Section 6 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/>). Also I agree that no commodities or services will be provided to the University until a valid purchase order or contract is issued. All invoices MUST be mailed to:  
**Florida A&M University Post Office Box 7238 Tallahassee, FL 32314-7238.**

\_\_\_\_\_  
 Name of Person Completing/Authorizing Application

\_\_\_\_\_  
 Title of Person Completing/Authorizing Application