



# University of Connecticut

## Purchasing Department Vendor Application Form

Use this form to provide the University of Connecticut Purchasing Department with the following information so that we may add your company to our vendor file.

**1. Your Legal Business Name:** Name as is should appear on checks issued to you. Per IRS regulations, if a sole proprietorship, this is the owner’s name; if there is also a company name; enter it in the first address line as “DBA . . .” (Doing Business As . . .)

**2. Mail Purchase Orders to:**

**3. Remit Payments to:**

City State Zip

City State Zip

Phone Fax

Phone Fax

E-mail

Accounts Receivable Contact Name/Email:

Web Page

Sales Contact Name/Email:

**4. Your Payment Terms:**

The University’s standard payment terms are 2% 15 days Net 45 days. If these terms are acceptable to you, initial above, otherwise, enter alternate terms for our consideration.

**5. Your Federal Employer Identification Number (FEIN) or**

**Social Security Number if Sole Proprietor:**

Note: This is not a state or federal tax-exempt number. It must be nine (9) digits.

**6. Type of Business (select one)**

Corporation Sole Proprietor State/Federal Agency Partnership Limited Liability Co. Non-Profit

**7. Special Certification: Are you CT DAS Certified YES NO**

**8. Vendor Type:**

**Black (BL)**

**Hispanic (HI)**

**Iberian Peninsula (IP)**

**Asian (AA)**

**American Indian (AI)**

**Disabled Person (DI)**

**N/A**

**Woman (W)**

**Woman Black (WB)**

**Woman Hispanic (WH)**

**Woman Iberian Pen. (WP)**

**Woman Asian (WA)**

**Woman Am Indian (WI)**

**Small Business (SB)**

**Woman Disabled (WD)**

**Disabled Black (DB)**

**Disabled Hispanic (DH)**

**Disabled Iberian Pen (DP)**

**Disabled Asian (DA)**

**Disabled Am Indian (DN)**

**9. Would you like to receive purchase orders from the University electronically by email? YES NO**

**10. Attach a description of the commodities/services that you wish to provide to the University of Connecticut.**