

**Florida International University
Division of Finance and Administration - Purchasing Services Department
Vendor Application Form**

Part I - Vendor Contact Information

Vendor Name <input type="text"/>	Remit Address (if different):
Street Address <input type="text"/>	Business Type: <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Business Telephone Number <input type="text"/>	Federal Taxpayer Identification Number <input type="text"/>
Business Fax Number <input type="text"/>	<input type="checkbox"/> Individual - US Citizen or US Resident (W-9 Required) <input type="checkbox"/> US Company - C-Corp, S-Corp, LLC, LLP, LC, LP (W-9 Required) <input type="checkbox"/> Foreign Company (W-8 BEN Required) <input type="checkbox"/> Non-Resident Individual (Notify Tax Section (305) 348-6764)
Business Web/Email Address <input type="text"/>	

Attention Vendors:

Florida International University (FIU) is proud to be a Tobacco and Smoke Free Campus which means that smoking and/or the use of any tobacco product is not permitted in any area of the university campus including buildings, green spaces, vehicles, and parking areas. Effective August 20, 2012, the university began enforcement of the smoke and tobacco free regulation. If you would like assistance in either managing your tobacco use while on campus or are interested in quitting your tobacco use, please visit tobacco-free.fiu.edu for a list of resources both on and off campus.

Part II - Small and/or Minority Status Information (Please check all that apply)

Federal Classifications		State of Florida Certified Minority Business Enterprises (CMBE)	
<input type="checkbox"/> SBA 8(A) Certification	<input type="checkbox"/> Service Disabled Veteran	<input type="checkbox"/> African American	<input type="checkbox"/> American Woman
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Service Disabled Veteran
<input type="checkbox"/> HUBZone Certification	<input type="checkbox"/> Women-Owned Business	<input type="checkbox"/> Asian/Hawaiian	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Minority-Owned Business	<input type="checkbox"/> Native American	
Non-Certified Minority Business Enterprises (NMBE)		Non-Profit Organization	
<input type="checkbox"/> African American	<input type="checkbox"/> American Woman	<input type="checkbox"/> Minority Board of Directors	<input type="checkbox"/> Minority Community Served
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Minority Employees	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Asian/Hawaiian			

- A. If you selected a classification that is certified by a Federal or State agency, please supply your certification number(s) and expiration dates for each certification and the agency or agencies name(s) that issued the certification with this application.
- B. To determine your Federal Small Business Size Standard, please access the US Small Business Administration's website: www/sba.gov/size. To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: www.census.gov/epcd/www/naics.html

If you are using Federal Small Business Size Standards and NAICS, please enter the following information:

Qualifying Number of Employees or Annual Amount (\$) NAICS Code

Part III - Purchase Order Delivery and Payment Preferences

By which delivery method do you prefer to receive Purchase Orders:	Please select payment method (Check Only One):
<input type="checkbox"/> Fax <input type="checkbox"/> e-Mail	<input type="checkbox"/> Check <input type="checkbox"/> EFT (Electronic Funds Transfer)

Part IV - Certification

I certify that the information supplied herein, including all attachments, is correct to the best of my knowledge. I further certify that in doing business with Florida International University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and that I have disclosed the name of any FIU employee who owns, directly or indirectly, an interest of 5% or more in the above organization or any of its branches. I further certify that I am not an employee of Florida International University.

Signature of Authorized Person <input type="text"/>	Florida International University Purchasing Services Department Modesto A. Maidique Campus - CSC 411 Miami, FL 33199 Phone: (305) 348-2161 Fax: (305) 348-1110 Website: http://finance.fiu.edu/purchasing
Name and Title of Person Signing <input type="text"/>	
FIU Department Contact name <input type="text"/>	
FIU Contact Phone <input type="text"/>	Please Print, Sign and Fax Electronically Completed Form to (305) 348-1110.