Persons who would like to be added to the University’s vendor list for supplies, equipment or services shall file a completed vendor application form with the University’s Purchasing Department.

In order to establish an accurate record for your company, please enter the Federal Employer’s Identification Number (FEID #) in the space provided. If you do not have a FEID number, please provide your Social Security Number. If this information is not provided, your company will not be added to the bidder’s list.

To be recognized by the University as being a minority/disadvantaged enterprise, the business must be at least (51) percent owned, operated and controlled on a daily basis by minority person(s) who are United States citizens. A minority person is recognized as one who is:

1. An African American - a person having origins in any of the black racial groups of Africa.

2. A Hispanic American - a person of Spanish or Portuguese culture with origins in Mexico, South America, Central America, or the Caribbean Basin only. Members of the Iberian Peninsula are excluded.

3. An Asian American - a person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

4. A Native American – a person who is an American Indian, Eskimo, Aleut or Native Hawaiian and regarded as such by the community of which the person claims to be a part.

5. An American Woman

6. A Physically Disabled Person – an individual who has a physical impairment, defect, disease, ailment or disability of a permanent nature which in any way limits the type of employment for which the person would otherwise be qualified.
THE TAX ID NUMBER MUST BE INCLUDED ON YOUR FORM. IF NOT INDICATED, YOUR COMPANY WILL NOT BE PLACED ON THE VENDOR LISTING FOR THE UNIVERSITY.

FEDERAL TAX ID # OR OWNERSHIP SSN: __________________________________________________________________________

COMPANY NAME: __________________________________________________________________________

CONTACT PERSON: _______________________________________________________________________

STREET ADDRESS: _______________________________________________________________________

SUITE: ___________________________ POST OFFICE BOX: ___________________________

CITY: ___________________________ STATE: ___________________________ ZIP + 4: ___________________________

COMPANY WEBSITE ADDRESS: __________________________________________________________________________

NAMES OF OFFICERS, OWNERS OR PARTNERS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>TREASURER</td>
</tr>
<tr>
<td>OWNERS OR PARTNERS</td>
<td></td>
</tr>
</tbody>
</table>

PERSON(S) AUTHORIZED TO SIGN BIDS AND/OR CONTRACTS FOR COMPANY (NAME & TITLE)

ARE YOU OR ANY MEMBER OF YOUR ORGANIZATION AN EMPLOYEE OF FLORIDA MEMORIAL UNIVERSITY?

☐ YES  ☐ NO

IF YES, ENTER THE NAME AND SOCIAL SECURITY NUMBER OF THE INDIVIDUAL. IF MORE THAN ONE PERSON PLEASE USE ADDITIONAL PAGES.

NAME: ___________________________ SS #: ___________________________

SALES CONTACT INFORMATION

NAME: ___________________________ TITLE: ___________________________

TELEPHONE: ________________________ FAX: ___________________________

EMAIL ADDRESS: ___________________________
ACCOUNTING CONTACT INFORMATION

NAME: _______________________________ TITLE: _______________________________
TELEPHONE: _________________________ FAX: _________________________________
EMAIL ADDRESS: __________________________

REMIT TO ADDRESS: 

ATTENTION: __________________________ STREET ADDRESS: __________________________
SUITE: _________________________ P.O. BOX: _________________________
CITY: _________________________ STATE: _________________________ ZIP CODE: __________

MERCHANDISE RETURN ADDRESS:

ATTENTION: __________________________ STREET ADDRESS: __________________________
SUITE: _________________________ P.O. BOX: _________________________
CITY: _________________________ STATE: _________________________ ZIP CODE: __________

PREFERRED METHOD TO RECEIVE POs: □ FAX □ EMAIL

TYPE OF ORGANIZATION

□ INDIVIDUAL/SOLE PROPRIETOR
□ PARTNERSHIP
□ CORPORATION
□ NON-PROFIT ASSOCIATION
□ PRIVATE NON-PROFIT
□ PRIVATE FOR PROFIT

INCORPORATED UNDER THE LAWS OF THE STATE OF __________________________

YEARS IN PRESENT BUSINESS □ LESS THAN 1 □ 1 TO 5 □ 6 TO 10 □ OVER 10

MINORITY/DISADVANTAGED STATUS

IF YOUR FIRM IS CONSIDERED A MINORITY/DISADVANTAGED FIRM, PLEASE CHECK ONE OF THE FOLLOWING:

□ ASIAN-PACIFIC AMERICAN (MALE) □ HISPANIC AMERICAN (FEMALE)
□ ASIAN-PACIFIC AMERICAN (FEMALE) □ NATIVE AMERICAN INDIAN (MALE)
□ ASIAN-INDIAN AMERICAN (MALE) □ NATIVE AMERICAN INDIAN (FEMALE)
□ ASIAN-INDIAN AMERICAN (FEMALE) □ NATIVE HAWAIIAN (MALE)
□ BLACK AMERICAN (MALE) □ NATIVE HAWAIIAN (FEMALE)
□ BLACK AMERICAN (FEMALE) □ NON-HISPANIC WHITE (MALE)
□ HAITIAN AMERICAN (MALE) □ NON-HISPANIC WHITE (FEMALE)
□ HAITIAN AMERICAN (FEMALE) □ WOMAN
□ HISPANIC AMERICAN (MALE) □ DISABLED

IF YOUR COMPANY HAS BEEN CERTIFIED AS A DISADVANTAGED/MINORITY COMPANY, PLEASE INCLUDE A COPY OF YOUR CERTIFICATION WITH THIS APPLICATION.
CONSTRUCTION COMPANIES ONLY

HAVE YOU BEEN REQUIRED TO OBTAIN BONDING IN THE LAST YEAR? □ YES □ NO (IF YES, ANSWER QUESTIONS BELOW)

BONDING LIMITS ____________________________ BONDING COMPANY ______________________________

STATE CONTRACTOR’S LICENSE # ______________________________

LIST THE LARGEST PROJECTS COMPLETED IN THE LAST TWO YEARS:

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th>CONTACT PERSON</th>
<th>LOCATION</th>
<th>CONTRACT VALUE</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: IF REQUESTED, CONTRACTOR SHOULD BE CAPABLE OF PROVIDING CERTIFICATES OF INSURANCE, WHICH INCLUDES WORKER’S COMPENSATION AND GENERAL LIABILITY CERTIFICATES.

CERTIFICATION

THE UNDERSIGNED DOES HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN, INCLUDING ALL STATEMENTS, ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE. ALSO, INCLUDED ARE MATERIALS NECESSARY TO IDENTIFY AND EXPLAIN THE OPERATIONS OF AS WELL AS THE OWNERSHIP THEREOF. THE UNDERSIGNED AGREES TO PROVIDE FLORIDA MEMORIAL UNIVERSITY’S PURCHASING DEPARTMENT CURRENT, COMPLETE AND ACCURATE INFORMATION ON ANY PROJECT WORKED UPON AND ANY PROPOSED CHANGES IN ANY CONTRACTUAL AGREEMENT. ANY MISREPRESENTATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE CONTRACT, WHICH MAY BE AWARDED IN RELIANCE HEREON.

__________________________________________
PRINT NAME

__________________________________________
DATE

__________________________________________
SIGNATURE OF AUTHORIZED PERSON

__________________________________________
TITLE

SUBMIT FORM TO

Florida Memorial University
Office of Purchasing & Procurement Services
15800 NW 42nd Avenue
Miami Gardens, FL 33054
Phone: (305) 626-3652
Fax: (305) 626-3111
Email: cheryl.phillip@fmuniv.edu