

**INFORMATION AND INSTRUCTIONS FOR FILING
A FLORIDA MEMORIAL UNIVERSITY
VENDOR APPLICATION**

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.



VENDOR APPLICATION

PURCHASING DEPARTMENT
FLORIDA MEMORIAL UNIVERSITY

15800 NW 42ND AVENUE • MIAMI GARDENS, FL 33054-6199

Type or print all entries, filling in all spaces, and inserting "NA" in the blocks that are not applicable. Florida Memorial University's vendor database is periodically updated and vendors who have not kept their information current with the University will be purged.

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

PRESIDENT		VICE PRESIDENT	
SECRETARY		TREASURER	
OWNERS OR PARTNERS			

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

BUSINESS CLASSIFICATION

- PRIME CONTRACTOR
- SUB-CONTRACTOR
- WHOLESALER
- RETAILER
- MANUFACTURER
- SERVICE PROVIDER

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

PROJECT NAME	CONTACT PERSON	LOCATION	CONTRACT VALUE	TELEPHONE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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