

VENDOR APPLICATION

February 2005

How did you receive this form? **(One of these boxes MUST be completed in order for the form to be considered)**

- Vendor show
 Found it on website
 A university department sent it to you
 Other, explain _____
- Do you accept MasterCard? Yes No

For your convenience, you may return the information one of the following ways:

FAX: 859-257-1951 or E-mail: jreed@email.uky.edu or Mail: Purchasing Division
 University of Kentucky
 322 Peterson Service Building
 Lexington, Kentucky 40506-0005

If you have questions, don't hesitate to fax or write us. Thank you for your cooperation.

What type of commodities or services can you provide the University of Kentucky?

Please type or print legibly.

COMPANY NAME AND ADDRESS

*** required fields**

Name of Firm * (company or individual)	Phone Number *	Make Checks Payable To *
Address *	Fax Number *	Payment Address *
Address	Web Site Address or E-mail	Payment Address *
Address	Vendor Representative	Name on Invoice *
City * State * Zip *	Federal Tax ID Number * (box 1)	Social Security Number * (box 2) <i>(if individual)</i>

Complete a separate form for each address if your firm has more than one ordering location.

Federal Tax ID Number (box 1) – This field **must** be completed if “Name of Firm” is a company name.

Social Security Number (box 2) – This field **must** be completed if “Name of Firm” is an individual’s name.

Type of Ownership (Circle One) *

<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation-Incorporated in _____ (State)	<input type="checkbox"/> Medical Services Provider	<input type="checkbox"/> Attorney	<input type="checkbox"/> Non-Resident Alien
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Business Classification (Circle One) *

(01) Small Business <input type="checkbox"/>	(02) Large Business <input type="checkbox"/>	(03) Disadvantaged Small Business <input type="checkbox"/>	(04) Disadvantaged Large Business <input type="checkbox"/>	(05) Woman-owned Small Business <input type="checkbox"/>
(06) Woman-owned Large Business <input type="checkbox"/>	(07) Disadvantaged Woman-Owned Small Business <input type="checkbox"/>	(08) Disadvantaged Woman-owned Large Business <input type="checkbox"/>	(09) Government Agency <input type="checkbox"/>	(10) Non-Profit Organization <input type="checkbox"/>
(11) Other (Specify) <input type="checkbox"/>				

Signature _____

Date _____

RESET FORM

Rev. 2-05

Print Name _____