

FLORIDA POLYTECHNIC UNIVERSITY

FINANCE & ADMINISTRATION • SUPPLIER MANAGEMENT

4700 RESEARCH WAY • LAKELAND, FL 33805

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SUPPLIER APPLICATION

NEW APPLICATION

CHANGE OF INFORMATION

BUSINESS NAME OR PAYEE

AS SHOW ON TAX RETURN

DBA NAME

DOING BUSINESS AS

ACCOUNT INFORMATION

DUNS NUMBER

CUSTOMER ACCOUNT NUMBER

SUPPLIER GROUP

YES NO

- ATTORNEY
- DIVERSITY BUSINESS ENTERPRISE
- GOVERNMENT
- MINORITY
- NON PROFIT
- OUTSIDE PARTY
- SMALL BUSINESS
- WOMAN OWNED BUSINESS

TAX AUTHORITY FORM REQUESTED

1042-S 1099 TDS N/A

FEDERAL TAXPAYER IDENTIFICATION

FEDERAL ID TYPE EIN SSN

TAX STATUS

- INDIVIDUAL (W-9 REQUIRED)
US CITIZEN OR US RESIDENT
- US COMPANY (W-9 REQUIRED)
C-CORP, S-CORP, LLC, LLP, LC, LP
- US COMPANY (W-9 REQUIRED)
LLC, SOLE PROPRIETOR, PARTNERSHIP
- FOREIGN (W-8 REQUIRED)
INDIVIDUAL, COMPANY

PREFERRED PAYMENT TYPE

CHECK EFT/ACH

CONTACT INFORMATION

BILLING PHONE

CONTACT NAME

TYPE LANDLINE FAX MOBILE

REMIT PHONE

CONTACT NAME

TYPE LANDLINE FAX MOBILE

BILLING/STREET ADDRESS

COUNTRY

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE

ZIP

REMIT PAYMENT ADDRESS

COUNTRY

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE

ZIP

BILLING EMAIL ADDRESS

USED FOR EMAILING PURCHASE ORDERS

REMIT TO EMAIL ADDRESS

USED FOR PAYMENT PRENOTIFICATIONS

WEB ADDRESS

PREFERRED PURCHASE ORDER DELIVERY EMAIL FAX

**DOES YOUR BUSINESS QUALIFY AS ANY OF THE FOLLOWING?
SMALL AND/OR MINORITY STATUS INFORMATION
S E L E C T A L L T H A T A P P L Y**

FEDERAL CLASSIFICATIONS	STATE OF FLORIDA CERTIFIED MINORITY BUSINESS ENTERPRISES (CMBE)
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NON-MINORITY (LARGE BUSINESS)
HUBZONE CERTIFICATION
MINORITY OWN BUSINESS
SBA 8(A) CERTIFICATION
SERVICE DISABLED VETERAN
SMALL DISADVANTAGED BUSINESS
VETERAN
VIETNAM VETERAN
WOMEN-OWNED BUSINESS

AFRICAN AMERICAN
AMERICAN WOMAN
ASIAN/HAWAIIAN
HISPANIC
NATIVE AMERICAN
SERVICE DISABLED VETERAN
OTHER:
OTHER:
OTHER:

NON-CERTIFIED MINORITY BUSINESS ENTERPRISES (NMBE)	NON-PROFIT ORGANIZATION
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AFRICAN AMERICAN
AMERICAN WOMAN
ASIAN/HAWAIIAN
HISPANIC
NATIVE AMERICAN

MINORITY BOARD OF DIRECTORS
MINORITY COMMUNITY SERVED
MINORITY EMPLOYEES
OTHER:
OTHER:

**IF YOU SELECTED A CLASSIFICATION THAT IS CERTIFIED BY A FEDERAL OR STATE AGENCY,
PLEASE SUPPLY THE FOLLOWING INFORMATION FOR EACH CERTIFICATION SELECTED:**

CERTIFICATION NAME	CERTIFICATION AGENCY	CERTIFICATION #	EXPIRATION DATE
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FEDERAL SIZE STANDARD

TO DETERMINE YOUR FEDERAL SMALL BUSINESS SIZE, PLEASE ACCESS THE U.S. SMALL BUSINESS ADMINISTRATION'S WEBSITE [HTTP://WWW.SBA.GOV/](http://www.sba.gov/) OR VISIT THE SBA'S [HTTP://WWW.SBA.GOV/SIZE/](http://www.sba.gov/size/) TO LOOK UP YOUR NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE AND THE QUALIFYING NUMBER OF EMPLOYEE'S **OR** ANNUAL DOLLAR AMOUNT

IF YOU ARE USING FEDERAL SIZE STANDARDS, PLEASE ENTER THE FOLLOWING INFORMATION:

NAICS CODE	NUMBER OF EMPLOYEES	OR ANNUAL AMOUNT \$
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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 POLYTECHNIC 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 FLORIDA POLYTECHNIC UNIVERSITY 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 POLYTECHNIC UNIVERSITY.

NAME OF PERSON COMPLETING FORM

FLORIDA POLYTECHNIC UNIVERSITY CONTACT NAME

SIGNATURE OF PERSON COMPLETING/AUTHORIZING APPLICATION

DATE