

University of South Alabama

Purchasing

650 Clinic Dr., TRP 3, Ste 1400
Mobile, AL 36688-0002
(251) 460-6151

Accounts Payable

650 Clinic Dr., TRP 3, Ste 1400
Mobile, AL 36688-0002
(251) 460-6191

Request for Vendor Information

Please complete and return to the University of South Alabama Department with which you are engaging in business activities. Direct submissions to Accounts Payable and Purchasing will no longer be accepted.

Name Business/Individual: _____

DBA (doing business as): _____
Business name, if different from individual or parent company name

Taxpayer Identification Number-Enter your TIN (if available) that corresponds to the name entered above. For individuals and single-member LLC's that are disregarded entities, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

_____-_____-_____ OR _____-_____
Social Security Number Employer Identification Number

***Check appropriate box for federal tax classification; check only one of the following boxes:**

Individual/Sole Proprietor or C Corporation S Corporation Partnership Govt. Agency
single member LLC (which is a disregarded entity)

Limited liability company (which is not a disregarded entity). Enter the tax classification (C=C corporation, S=S corporation, P=partnership: _____)

Other (please explain) _____

Are you or any of the officers/members/owners of your organization related to a USA employee? Y N

If yes, list name(s) of employee(s) _____

Are you or any of the officers/members/owners currently or previously employed by USA? Y N

If yes, list position(s) held _____

For individuals, are you a US citizen? Y N If no, list country of citizenship _____

Order From/Solicitation Address:

Remit to Address:

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-mail address: _____ Website: _____

Business Ownership: (Check the appropriate box)

Minority-owned Female-owned Disabled Veteran Other _____

Type of products/services provided: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____