

<b>UNIVERSITY OF HARTFORD</b>	<b>Vendor Information Form</b> <input type="checkbox"/> New Vendor <input type="checkbox"/> Update Vendor Information	UNIVERSITY USE ONLY Banner Vendor #: _____
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University of Hartford – Procurement Department 200 Bloomfield Avenue West Hartford, CT 06117	Telephone Number: (860) 768-4007 Fax Number: (860) 768-7801
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The University of Hartford Procurement Department seeks to build business relationships with qualified minority-owned/women-owned/veteran-owned business enterprises.

<ul style="list-style-type: none"> <li>• If your company qualifies as a minority-owned business please complete the information as requested below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Minority-Owned Business (Please select Type as noted from the list below)</li> <li><input type="checkbox"/> Women-Owned Business</li> <li><input type="checkbox"/> LGBTQ- Owned Business</li> <li><input type="checkbox"/> Disabled-Owned Business</li> <li><input type="checkbox"/> Veteran-Owned Business</li> <li><input type="checkbox"/> Service-Disabled Veteran-Owned Business</li> <li><input type="checkbox"/> Small Business Enterprise –(SBE)</li> </ul> </li> <li>• Please attach a copy of your most recent Supplier Diversity Program Certificate to your application.</li> <li>• If the form is not attached to the request it will result in a delay of adding your business to our vendor file.</li> </ul>
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Payment terms are Net 30, unless otherwise stated **AND** agreed to by the University.

**Legal Name:** \_\_\_\_\_  
(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business the name of owner of the business is required.)  
Company or Business Name (if different from above): \_\_\_\_\_

Legal Business/Corporate Business Office Mailing Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____	Payment/Remit to Address:    OR <input type="checkbox"/> Same as PO Mailing Address Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____
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Contact Name: _____ E-mail Address: _____ Phone: _____ Fax: _____	Contact Name: _____ E-mail Address: _____ Phone: _____ Fax: _____
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**Vendor Type** (diverse vendor please check all that apply):  Attorney/Lawyer  
 Vendor\*    Rent    Medical & Health Care Service    Product    Reimbursement Only    Dues, licenses, conferences  
\*If "Vendor": Provider of:  Goods    Services    Goods/Services   Type of Services Offered: \_\_\_\_\_

Type of Organization (check only one):	Employer Identification Number:	Social Security Number/ITIN:
<input type="checkbox"/> Individual – US citizen or US permanent resident		
<input type="checkbox"/> Individual – Non-US citizen & non-US perm resident		
<input type="checkbox"/> Limited Liability Corporation		
<input type="checkbox"/> Sole Proprietorship	<b>OR</b>	
<input type="checkbox"/> Partnership – US		
<input type="checkbox"/> Corporation – US (includes 501(c)3 non-profit corp)		
<input type="checkbox"/> Government Agency – US		
Non-US: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Gov Agency		
Exempt Status <input type="checkbox"/> yes <input type="checkbox"/> no		

# UNIVERSITY OF HARTFORD

University of Hartford – Procurement Department  
200 Bloomfield Avenue  
West Hartford, CT 06117

Telephone Number: (860) 768-4007  
Fax Number: (860) 768-7801

**Vendor Ownership Type**  N/A (please check those that apply):

Any Minority owned business must supply current documentation.

Minority owned—Type: \_\_\_\_\_  Women Owned  Veteran Owned  SBE  Other \_\_\_\_\_

**Conflict of Interest:**

Yes  No Are you or any Officer, Owner or Partner in this company an employee of the University of Hartford?

Yes  No Are any family member's employees of the University of Hartford? If yes, please state who: \_\_\_\_\_

**Note to Vendors:** You must provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) AND a legal business address that corresponds to the tax identification number given on this form in order for the University to process your payment(s). The University is required by Federal law where applicable to report such payments along with the SSN/FEIN to Federal and State agencies where required by law. Your failure to provide a correct name and Taxpayer Identification Number will subject your payments to federal income tax withholding. Please attach a currently dated W-9.

I Certify that I have examined this form and determined to the best of my knowledge, the information provided is complete and accurate.

Name of Company Representative completing form (print name and title):

Telephone #:

Authorized Company Representative (Signature):

Date: