

SAINT AUGUSTINE'S UNIVERSITY Division of Business & Administration

## **Division of Business Administration**

Vendor Application - It is critical to the University that you complete all data – Please print or type (A W-9 form is required and must be submitted with this form.)

| 2. Dun and Bradstreet number:       4. Mailing address for purchase orders, proposals and bids:  | 1.                      | Vendor Name:   |   |
|--|-------------------------|--|---|
| Contact Person Phone #: Email: Fax #: Email: Fax #:     In what City and State is your firm licensed? Fax #:     In dividual Partnership Corporation Governmental Agency Other R. Number of employees?9. Average Gross Revenue (prior 3 fiscal years)?  10. Is your firm 51 percent or more owned and operated by a woman? Yes No If yes, with what governmental agencies are you certified? 11. Is your firm 51 percent or more minority owned and operated? Yes No If yes, with what governmental agencies are you certified? 11. Is your firm 51 percent or more minority owned and operated? Yes No If yes, with what governmental agencies are you certified? 13. Is your firm incorporated? Yes No 14. Is your firm incorporated? Yes No 15. Give a brief description of goods or services your firm provides: Signature: Tite: Corpeartment Completion Email to: or ref.  | 2.                      | Dun and Bradstreet number:   |   |
| S. Contact Person Phone #:   | 3.                      | Mailing address for payments: 4  | A. Mailing address for purchase orders, proposals and bids: |
| 6. In what City and State is your firm licensed?   | 5.                      |  | Phone #:  |
| If licensed in NC, indicate County (for tax purposes)         ?       Indicate your firm's organizational type:         IndividualPartnershipCorporationGovernmental AgencyOther         8. Number of employees?9. Average Gross Revenue (prior 3 fiscal years)?         10. Is your firm 51 percent or more owned and operated by a woman? Yes No         If yes, with what governmental agencies are you certified?         11. Is your firm 51 percent or more minority owned and operated? Yes No         If yes, with what governmental agencies are you certified?   |                         | Email:   | Fax #:  |
| 1. Indicate your firm's organizational type:<br>IndividualPartnershipGorporationGovernmental AgencyOther         8. Number of employees?9. Average Gross Revenue (prior 3 fiscal years)?         10. Is your firm 51 percent or more owned and operated by a woman? Yes No         11. Is your firm 51 percent or more minority owned and operated? Yes No         12. Is your firm 51 percent or more minority owned and operated? Yes No         13. Is your firm 51 percent or more minority group:         Black American Native American Hispanic Asian/Pacific Asian Indian  | 6.                      |  |   |
| 10. Is your firm 51 percent or more owned and operated by a woman? Yes No         If yes, with what governmental agencies are you certified?         11. Is your firm 51 percent or more minority owned and operated? Yes No         If yes, with what governmental agencies are you certified?         If yes, with what governmental agencies are you certified?         Identify appropriate minority group:         Black American Native American Hispanic Asian/Pacific Asian Indian         Other         12. Is your firm incorporated? Yes No         13. Is your firm a not-for-profit business? Yes No         14. Is your firm identified as a disabled business? Yes No         15. Give a brief description of goods or services your firm provides:   | 7                       | Indicate your firm's organizational type:                                  |   |
| If yes, with what governmental agencies are you certified?         11. Is your firm 51 percent or more minority owned and operated?       Yes _ No   | 8.                      | Number of employees?9. Ave   | erage Gross Revenue (prior 3 fiscal years)?                 |
| If yes, with what governmental agencies are you certified?   Identify appropriate minority group:   Black American Native American Hispanic Asian/Pacific Asian Indian   Other   12. Is your firm incorporated? Yes No   13. Is your firm a not-for-profit business? Yes No   14. Is your firm identified as a disabled business? Yes No   15. Give a brief description of goods or services your firm provides:     Signature:  |                         | If yes, with what governmental agencies are you cert                       | ified?  |
| 13. Is your firm a not-for-profit business? Yes No   14. Is your firm identified as a disabled business? Yes No   15. Give a brief description of goods or services your firm provides:   Signature: For Department Completion  Email to: For Em |                         | Identify appropriate minority group:<br>Black American Native American His |   |
| 14. Is your firm identified as a disabled business? Yes No   15. Give a brief description of goods or services your firm provides:     Signature:   Title:   |                         |  | _   |
| Signature: Title:<br>For Department Completion<br>Email to: or Fax to:   |                         |  |   |
| For Department Completion Email to: or Fax to: GF is a terrible waste*   | 1                       | 5. Give a brief description of goods or services your firm                 | provides:   |
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