



To Our Valued Suppliers:

In order to keep the U of L vendor file up to date, we would appreciate if you would answer the following questions. This form is **required** for all new foreign vendors.

**Section 1.**

Vendor Name (formal name & any DBA's): \_\_\_\_\_

Website Address (URL): \_\_\_\_\_

.....

Payment Street Address: \_\_\_\_\_

Payment Postal Code, City/Town/Locality, Country: \_\_\_\_\_

Accounting Contact & Title: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

(or note "Same as Above")

Order Street Address: \_\_\_\_\_

Order Postal Code, City/Town/Locality, Country: \_\_\_\_\_

Sales Contact & Title: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**(If multiple payment and/or order addresses, please attach an additional sheet)**

**Section 2.**

How do you prefer to receive purchase orders from the University of Louisville? (please select only **one** below)

\_\_\_\_\_ e-mail (please specify e-mail address: \_\_\_\_\_)

\_\_\_\_\_ fax (please specify fax number: (     ) \_\_\_\_\_)

\_\_\_\_\_ mail (please specify mailing address: \_\_\_\_\_)

**Section 3.**

What type of product or service are you providing the University? \_\_\_\_\_

- a. What is your DUNS number (if you have one)? \_\_\_\_\_ See <http://www.dnb.com/us/> to obtain a DUNS number or <http://fedgov.dnb.com/webform/displayHomePage.do> for federal contractors.
- b. What is your NAICS, GICS or ICB code? \_\_\_\_\_ See <http://www.census.gov/eos/www/naics/> or [http://en.wikipedia.org/wiki/Global\\_Industry\\_Classification\\_Standard](http://en.wikipedia.org/wiki/Global_Industry_Classification_Standard) or [http://en.wikipedia.org/wiki/Industry\\_Classification\\_Benchmark](http://en.wikipedia.org/wiki/Industry_Classification_Benchmark) for details.

**Section 4.** (Please check yes or no for **each** question. If yes, please provide details if required.)

If your organization is required by law, in the state of Kentucky, to hold specific licenses and/or qualifications, all these requirements have been met and are current/not expired? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

Have you ever been or are you currently excluded, suspended, debarred or otherwise deemed ineligible to participate in governmental healthcare, procurement, or other programs? \_\_\_\_ Yes \_\_\_\_ No

If yes, list ALL such exclusions, suspensions, or debarments including applicable governmental agency, action date, and your address at the time of the action.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or been convicted of a criminal offense related to the provision of government healthcare, procurement, or other programs and have not been reinstated in such programs after a period of exclusion, suspension, debarment, or ineligibility? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Are you, any of your family member(s), or any principal of your firm or any of their family member(s) employed by the University of Louisville or any of its affiliates? \_\_\_\_ Yes \_\_\_\_ No If yes, please give name of individual \_\_\_\_\_, their area of employment/department \_\_\_\_\_, and please specify your relationship/connection to this person \_\_\_\_\_.

**Section 5.**

I certify that the information I have provided to this survey is accurate to the best of my knowledge. I understand that inaccurate information could subject me or my business to applicable penalties or could result in the University ceasing to procure goods or services with the business.

\_\_\_\_\_  
Name of Person Completing this Form Title

\_\_\_\_\_  
Signature Date

Please return form to the requesting department at:

\_\_\_\_\_  
\_\_\_\_\_