



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 vendors.

Section 1.

Vendor Name (formal as filed with the IRS): _____

Website Address (URL): _____

Payment Address: _____

Payment City, State, Zip: _____

Accounting Contact & Title: _____

Phone Number: () _____ E-mail: _____

(or note "Same as Above")

Order Address: _____

Order City, State, Zip: _____

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.

Can you accept ACH (electronic) payments? _____ If so, would you prefer to receive payment remittances via e-mail or CCD format? _____ E-mail _____ CCD

Can you provide electronic invoicing to the University of Louisville? _____ If so, would you prefer to send invoices via cXML or would you prefer to enter them via our Supplier Self-Service portal?

_____ **cXML _____ Self-Service portal

**Technical Contact Person for cXML set up and testing: _____

Contact Phone Number: (_____) _____ Contact E-mail: _____

Do you accept credit card payments? Yes _____ No _____

Section 4.

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

- a. What is your DUNS number? _____ 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 code? _____ See <http://www.census.gov/eos/www/naics/> for details.

Are you classified as a minority-owned business enterprise? _____ Yes _____ No

Are you classified as a woman-owned business enterprise? _____ Yes _____ No

If you are a small/disadvantaged business, please select from the classification below:

- _____ Small Business (SB)
- _____ Small Disadvantaged Business (SDB)
- _____ Woman-Owned Business (WOSB)
- _____ Historically Black College (HBCU)
- _____ Minority Institution (MI)
- _____ Veteran-Owned Business (SV)
- _____ Service Disabled Owned Business (SDVOSB)
- _____ HUBZone Business (HUBZone)
- _____ Alaska Native Corporation (ANC)
- _____ Indian Tribe

(A full description of small/disadvantaged classifications can be found at: <http://www.vanguard1.com/SmallBusinessClassifications.htm> or for non-commercial applications, please see: <http://www.ll.mit.edu/about/SmallBusiness/sbdefinitions.html>)

Section 5. (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 6.

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:
