

FOREIGN SUPPLIER DATA

Section 1

Supplier Name (formal name & any DBA's) _____

Payment Street Address _____

Payment Postal Code, City/Town/Locality, Country: _____

E-mail: _____

Beneficiary Bank Information:

ABA / SWIFT OR BIC TRANSIT # (Canada Only)	BANK NAME & ADDRESS	BANK ACCOUNT # / IBAN SORT CODE (if applicable)	EXACT NAME ON BANK ACCOUNT

Intermediary Bank Information (if applicable):

ABA / SWIFT / BIC	BANK NAME & ADDRESS	INSTRUCTIONS

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: _____)

___ mail (please specify mailing address: _____)

___ Check if you, your spouse, or dependent children are employed by the University of Louisville or any of its affiliates.

Section 3

Describe the type of product/service you are providing the University. You may choose one or more below.

Product Service Software Other (including royalties, rents, etc.)

Describe _____

Location of Services Provided or Location of Property if Other _____

Sign _____ Date _____