

FOREIGN SUPPLIER DATA

1. SECTION 1

Supplier Name (*formal name and any DBA's*):

Payment Street Address:

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

Email Address: _____

2. SECTION 2

How do you prefer to receive purchase orders from the University of Louisville?

Please checkmark and complete either **Email** or **Mailing** below:

Email Address: _____

Mailing Address: _____

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

Yes

No

3. 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.*)

Description of product/service: _____

Location of Services provided or location of property if “Other”: _____

SIGNATURE: _____ **DATE:** _____