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: _____)

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 or 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, your spouse or dependent children 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:

_____

_____