

Palm Beach Atlantic University, Procurement Dept.
P.O. Box 24708
West Palm Beach, FL 33416-4708

## **Vendor/Supplier Information**

All prospective vendors must provide all required information for the Procurement department to determine whether you or your company will become a vendor/supplier in the Palm Beach Atlantic University database. The Procurement department reserves the right to decline a request to add a new vendor and may determine that it's not in the best interest of the University if the goods/services are already available from a University preferred contracted vendor. An approved vendor is one that, at a minimum, meets many of the vendor selection criteria (i.e., pricing, billing terms, order fill rate, return goods policy, etc.) established by the Procurement department. The Department strives to ensure a diverse supplier base that is responsive, responsible, and qualified to meet the business requirements of the University.

In order to become an approved vendor/supplier in the Palm Beach Atlantic University database, complete the Vendor Questionnaire and submit it to the Procurement department, along with a **completed W-9**, **Certificate of insurance**, and **List of references with contact information**. The documentation will be reviewed and approved or denied by the Director of Procurement. Palm Beach Atlantic University reserves the right to reject a vendor request at its sole discretion. Upon acceptance of the questionnaire, you may be asked to provide additional business/tax information as deemed necessary.

## **Vendor Profile Questionnaire:**

| Instructions: Fill in all spaces (insert "N/A and instructions.  | a in blocks that are not app                           | meable). Type of print of | an energy reac           | a <u>una</u> ronow un the information |
|--|--|---------------------------|--------------------------|---------------------------------------|
| New Application Change of  | nformation   | Date of Application       |                          |                                       |
| Company Name   |  | Mailing Addres            | s (If different from Co  | mpany Address)                        |
| Address  |  | Address                   |                          |                                       |
| CityState  | Zip  | City                      | State                    | Zip                                   |
| Website  |  | -                         |                          |                                       |
| Point of contact   |  | Remittance Ado            | dress (If different fron | n above)                              |
| Title  |  |                           |                          |                                       |
| Phone #  |  | City                      | State                    | Zip                                   |
| Fax #  |  |                           |                          | · · · · · · · · · · · · · · · · · · · |
| E-mail   |  | _                         |                          |                                       |
| C) What discounts or special offers  | are available to PBA? Is                               | your company a men        | nber of any purchasin    | g cooperatives?                       |
| Payment Terms: The University's star<br>date of goods/services, whichever is I<br>of delivery of goods or completion of<br>Reference List: Attach a separate she | ater. Original invoices mu<br>services. Does your comp | ist be sent to the Uni    | iversity's Accounts Pa   | yable office within 30 days           |
| Name, Title  | Company  |                           | Phone                    | Email                                 |
| ivaine, nue  | Company  |                           | none                     | LIIIQII                               |
|  |  |                           |                          |                                       |
|  |  |                           |                          |                                       |

| I certify that the information supplied herein, including all attachments, is correct to the best of my knowledge. I further certify that in doing business with Palm Beach Atlantic University my company is in compliance with Chapter 112, Florida Statues in regards to conflict of interest and I agree with the University's purchase order terms and conditions. |           |      |  |  |
|---|-----------|------|--|--|
| Name and Title  | Signature | Date |  |  |
|   |           |      |  |  |
| Vendor Categories  Please check one (REQUIRED) primary category which applies to your   | business. |      |  |  |

Level 2 Categories:

**Certification by Vendor/Supplier:** 

Level 1 Category:

Please confirm that this form has been fully completed prior to sending. Attach it to your email, along with your W-9 and Certificate of Insurance, and send it to: Rebecca\_Nelson@pba.edu