

Vincennes University
New Vendor Application

To streamline our new vendor documentation process, please respond to all of the following inquiries:

- 1). Vendor Complete Name:
- 2). Vendor Address:
- 3). Vendor phone:
- 4). Vendor fax:
- 5). Primary Contact Name:
- 6). FID Number:
- 7): Is your company a minority business enterprise (y/n)?
- 8). Is your company a woman business enterprise (y/n)?
- 9). Is your company a disabled individual enterprise (y/n)?

The following attachments must also be forwarded, with this application via US mail:

- Certificate from your state if claiming minority owned/woman owned/Disabled business enterprise (if you are certified by the state of Indiana, a certificate is not required- please indicate this on your application).
- W-9
- Business card
- Line card information
- Copy of Retail Merchant Certificate, if required (see below)

Please complete all sections of this application, attach required information and return to:

Vincennes University
Purchasing Department
1002 N. First St
Vincennes, IN 47591

Phone: 812-888-5736

An original of this signed document and all required attachments must be returned, or your application will not be processed.

Signed: _____

Printed Name: _____

Title: _____