

Vendor Application

Alabama Agricultural and Mechanical University

Please complete this form and return to the following address:

Post Office Box 1627
Normal, Alabama 35762
Telephone: (256) 372-5227
Fax: (256) 372-5223

Thank you for your cooperation.

VENDOR NAME: _____

ORDER FROM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER FOR PLACING PURCHASE ORDERS: _____

PLEASE PROVIDE TOLL FREE NUMBER WHEN AVAILABLE: (800) _____

FAX NUMBER: _____

CUSTOMER SERVICE CONTACT NAME: _____ PHONE: () _____

ADDRESS FOR MAILING BIDS: (If different from above) _____

CITY: _____ STATE: _____ ZIP: _____

BIDS AND QUOTES CONTACT NAME: _____ PHONE: () _____

REMIT TO NAME: (If different from above) _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNTS RECEIVABLE CONTACT NAME: _____ PHONE: () _____

YOUR PAYMENT TERMS: (Check one and enter percentage and/or number of days where applicable)

() NET _____ DAYS

() DISCOUNT _____ % _____ DAYS/NET _____ DAYS

PREPAYMENT PRIOR TO SHIPMENT

(Check One)

FOB: () DESTINATION A&M () POINT OF ORIGIN CITY: _____ OTHER: _____

FREIGHT TERMS: () PREPAID () PREPAID AND ADDED TO INVOICE

PLEASE CHECK THE APPROPRIATE STATEMENTS OF OWNERSHIP AS CLASSIFIED BY THE FEDERAL GOVERNMENT: (Contact your regional district U.S. Small Business Administration Office if clarification is needed.)

- This company is a small business. (SB)
- This company is a minority-socially and economically disadvantaged business. (SDB)

OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

YEAR COMPANY ESTABLISHED: _____ GROSS SALES LAST YEAR: \$ _____

PLEASE CHECK THE APPROPRIATE STATEMENTS WHICH APPLY TO YOUR COMPANY:

- This is a State of Alabama owned/managed agency, facility or institution. (STO)
- This company has operating and/or manufacturing facilities within Alabama. (ALA)
- This company distributes goods manufactured in the United States. (US)
- This company will not accept telephone or verbal purchase orders. (NPO)
- This company does require written confirmation of telephone orders. (WCR)

DUNN AND BRADSTREET NUMBER: _____ RATING DATE: _____ RATING: _____

- This company has computer capability for electronic data interchange. (EDI)
- This company has MINIMUM ORDER REQUIREMENT of \$ _____

CUSTOMER ACCOUNT NUMBER(s) FOR A&M: _____

THIS COMPANY IS: (Check One)

- Manufacturer
- Distributor
- Manufacturer's Representative
- Authorized Service

If distributor or manufacturer's representative, please attach list of manufacturers.

FEDERAL TAX ID NUMBER; _____

Vendor must be an authorized sales center for manufacturers you represent.

Please indicate commodities for which you would like to receive bids and indicate brand names. (use space below)

The Purchasing department for Alabama A&M University is vested with the sole authority to issue purchase orders and obligate, the University. The University will assume no obligation except on previously issued and duly authorized purchase orders.

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

NAME: _____ TITLE: _____

SIGNATURE: _____ TITLE: _____