

## VENDOR SETUP FORM/AGREEMENT



**Note: All shaded areas must be completed prior to submission**

### Vendor Information

Vendor Name

Vendor Address 1

Vendor Address 2

City

State

Zip Code

Country (if applicable)

Remittance Address (if different from above)

City

State

Zip Code

Country (if applicable)

UDC Service Location

Primary Contact Name

Contact Email Address

Contact Telephone No.

Contact Fax No.

Tax Identification No.

W-9 Attached (Yes/No)

COI(s) Attached (Yes/No) (Certificate of Insurance)

Vendor / Subcontractor Classification

- (1) Materials / Supplies Vendor Only
- (2) Materials & Labor
- (3) Labor Only
- (4) Professional Services
- (5) Other (Describe)

**Vendor /Subcontractor Indicate Classification Number from Listing**

### Vendor/Subcontractor Compliance Acknowledgment

The Company's Vendor Management Program Guidelines are hereby incorporated by reference and as such, the Vendor or Subcontractor agrees to abide by these guidelines and requirements contained therein while in the service as a Vendor or Subcontractor of the "Company".

Type of Business Entity:   
 Corporation, Individual/Sole Proprietor, Partnership, Other

**Authorized Vendor/Subcontractor Signature**

**Date**

**Signator Name (Printed)**

**Internal Use Only**

Date Approved

Approved By