

Auburn University
Purchasing Department
Vendor Request for Addition to Bid List

University Use Only
Vendor Number: _____

Company Name:

Federal Tax Identification:

Date:

Order From

Contact:

Email:

Address:

City:

State:

Phone:

FAX:

Zip code:

Extension:

Country:

Remit to

Contact:

Email:

Address:

City:

State:

Phone:

FAX:

Zip code:

Extension:

Country:

Special Vendor Codes - Mark all that apply.

Small Business

Disadvantaged Owned Business

Female Owned Business

African-American Owned Business

Vietnam Veteran Owned Business

Hispanic Owned Business

Native-American Owned Business

Asian-American Owned Business

Veteran Owned Business

Individually Owned Business

Certifying Entity Name: