

New Supplier Registration (Business)

IMPORTANT: This application is for DOMESTIC (U.S.) SUPPLIERS ONLY. International suppliers should not complete the application and must reach out to payroll-services@ufl.edu for assistance.

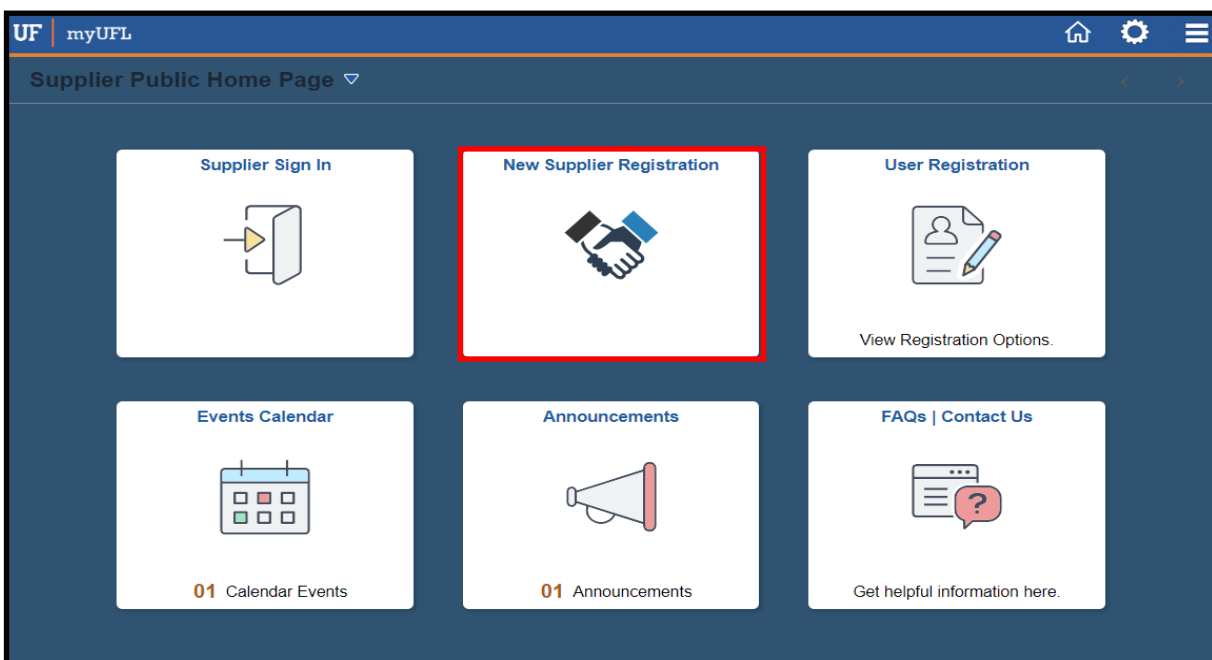
Welcome, new supplier!

Before you begin the registration process, please be sure to have the following documents available:

- 1) **Banking information**—provide ONE of the following:
 - Image of a voided check
 - Bank statement with your (business) name, bank name, and account number (all other information may be redacted)
- 2) **A copy of your W-9 form**

Please note: UF requires payment to suppliers via ACH or ePay.

To begin registration, navigate to the UF Supplier Portal webpage <https://www.fa.ufl.edu/directives/supplier-portal/> and select “New Supplier Registration.”



Step 1

Welcome - Step 1 of 6

UF UNIVERSITY of FLORIDA Supplier Portal

For additional information and required forms, please visit University Disbursement Services supplier website.
[Supplier Information](#)

By submitting this application to become a supplier at the University of Florida, the supplier agrees to the Standard Terms and Conditions located at the following website:
[Purchase Order Terms and Conditions](#)

Select an activity below: ?

Start a new registration form

What type of entity do you represent?

None

US Company (EIN) ← **Select US Company (EIN)**

US Citizen or Resident (SSN)

Continue from where you left

* Required field

Exit Save for Later < Previous **Next >**

Step 2

Identifying Information - Step 2 of 6

Required on this page:

- Tax Identification Number
- Company Name
- University of Florida – Supplier Tax Information Form
- Your Name
- UF Department and Contact
- UNSPSC

Example website:
<https://procurement.ufl.edu/suppliers/>

Unique ID & Company Profile ?

* Tax Identification Number

* Supplier Name

Doing Business As (if applicable)

Supplier Website [Open URL](#)


* Classification


*Please attach W-9 form [W-9 Form](#) [Add Attachment](#) ← **Attach your W-9 here. If you need a W-9, click "W-9 Form" to download, then complete and attach.**


Exit Save for Later < Previous Next >


Step 2 (continued)


Profile Questions ⓘ



* Provide the ufl.edu email address of the UF department contact you are working with. (Address only please. No names.)  **Enter your UF departmental contact's email address**



* Conflict of Interest (COI) Information: Does any UF employee, or spouse, child, or relative* of a UF employee have an ownership interest of 5% or more in  **Select "No" in drop-down if NO UF employee has an ownership interest of 5%.
If "Yes" is selected, you must answer the three COI questions below.**



COI 1A: (Answer ONLY if Yes to COI information above.) Please provide the name(s) of the UF employee(s) and a detailed explanation of the business this 



COI 1B: (Answer ONLY if Yes to COI information above.) Does this entity intend to accept payment from a UF division, department or office affiliated 



COI 1C: (Answer ONLY if Yes to COI information above.) Does any UF employee have direct or indirect involvement or any oversight 



Business Classification or Designation (if Applicable)  



Certification Source (if Applicable)  



* Certification Document (Required if Certification Source is selected)  Attachment 



* General Liability Insurance Document (Required ONLY if working on UF property.)  Attachment 

General Liability Insurance Expiration Date  

* Workers' Compensation Insurance Document (Required ONLY if working on UF property.)  Attachment 



Workers' Compensation Insurance Expiration Date  

* Vehicle Insurance Document (Required ONLY if working on UF property.)  Attachment 


Vehicle Insurance Expiration Date  

**If you have any of the certifications or insurance documents noted in this section, please attach them.
If you do NOT have any certifications or insurance information to include, please do not enter anything in this section and continue with the registration process.
Small businesses should attach their small business certification.**

UNSPSC ⓘ

UNSPSC-United Nations Standard	Description
<input type="text"/> Add UNSPSC  	
<input type="text"/> Add Additional Code	

**Please note the UNSPSC entry is optional. UF departments may use the codes to locate suppliers who offer specific goods or services, so it is recommended that you add the UNSPSC code(s).
To select a UNSPSC, click the magnifying glass and a pop-up list should appear. Click "Look Up" for the list of codes and select the option that corresponds to the type of good or service you provide. You may select all that apply.**

Comments ⓘ 

* Required field

Exit Save for Later < Previous **Next >**

Step 3

Welcome Identifying Information **Addresses** Contacts Payment Information Submit

Exit Save for Later < Previous Next >

Addresses - Step 3 of 6

Primary Address (W-9) ⓘ

* Country United States

Address 1

Address 2

Address 3

City

State

Postal

Business Phone Ext

Enter your mailing address and phone number.

If you have a remit address, include it by clicking on "Remit to Address" below and enter the remit address.

Other Addresses ⓘ

Check boxes below to indicate addresses that are different from your Primary Address above:

- Remit To Address**
Address for remitting payment
- Sales Address**
Address for sales
- Ordering Address**
Address for sending orders

Exit Save for Later < Previous **Next >**

Step 4

Welcome Identifying Information Addresses **Contacts** Payment Information Submit

Exit Save for Later < Previous Next >

Contacts - Step 4 of 6

Company Contacts ⓘ

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Select "Add Contact" to enter your contact information and user profile information.

* Required field

Exit Save for Later < Previous **Next >**

Step 4 (continued)

Add Contacts

Contact Information [?]

Description

* First Name Primary Contact

* Last Name

Title

* Email ID

* Telephone Ext

Fax Number

Contact Type

Enter your contact information in this section. Name, email, and phone number are required.

User Profile Information [?]

User Id must begin with "SUP" and be at least 11 characters.

* Requested User ID

Password should be at least 8 characters and include upper case, numbers and special chars.

* Password

* Confirm Password

Description

* Password Hint

* Hint Response

Choose your supplier User ID and password. The User ID must begin with SUP.

Retain your User ID and password for future reference. You will use these to login to the Supplier Portal if you need to make changes or update your supplier information.

You will also need to select a Password Hint and Hint Response.

Welcome Identifying Information Addresses **Contacts** Payment Information Submit

Exit Save for Later < Previous Next >

Contacts - Step 4 of 6

Company Contacts [?]

Primary	Name	Phone	Designate Address
<input type="checkbox"/>	Contact Name	Contact Phone Number	Primary Address <input type="text"/>

Confirm contact information and designate address.

* Required field

Exit Save for Later < Previous **Next >**

Step 5

Welcome Identifying Information Addresses Contacts **Payment Information** Submit

Exit Save for Later < Previous Next >

Payment Information - Step 5 of 6

Attachments ?

*Requested Payment Terms Net 30 **Default is Net30. Do not change this field.**

*Ordering Address **Use the drop-down menus and select your "Primary Address."**

*Remit Address **Use the drop-down menus and select your "Primary Address."**

Enable Email Payment Advice

UF participates in Bank of America's ePayables program. Enrollment will allow UF to remit payments to you faster via single use credit cards. Please note that you must be able to accept credit card payment and there is a fee associated if you select this option.

If you would like to participate in the ePayables program, leave Payment Method and Banking Information blank and add a note in the comment box at the bottom letting us know of your choice.

For more information click here. [Link to Guide](#)

If you are unable to use ePayables or Direct Deposit and require payments to be made via a check, leave the Payment Method and Banking Information blank and add a justification in the comment box below why an electronic form of payment cannot be accepted.

*Email Address **Enter your email address.**

Payment Method **Select "Direct Deposit" from drop-down.**

PO Dispatch Email **Enter your email address here.**

PO Dispatch Fax **Leave blank if you do not have a fax number.**

Supplier Banking Information ?

Country United States

Bank Name **Enter your bank's name.**

Bank ID Qualifier United States Bank

Account Type **Select account type from drop-down.**

Bank Routing Number **Enter your routing number here.**

Bank Account Number **Enter your bank account number here.**

Attachments ?

[Add Attachment](#) **IMPORTANT! You must attach an image of a voided check OR a bank statement showing your business name, bank name, and account number. All other information can be redacted.**

Comments ?

Comments

*Required Field

Exit Save for Later < Previous **Next >**

Step 6

Welcome Identifying Information Addresses Contacts Payment Information **Submit**

Exit Save for Later < Previous Next >

Submit - Step 6 of 6

Select the "Review" button to review the registration information.
Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

If not shown below, please add your email along with the UF department contact's email address in the following format: your email address semicolon department contact: Example- potentialsupplier@gmail.com; departmentcontact@ufl.edu

This will send communication regarding this registration to you as well as the department contact you will be working with.

Confirm your email address(es) are correct.

Terms and Conditions ?

Make sure you read terms of agreement fully before submitting your registration.

Select to accept the Terms of Agreement below.
[Terms of Agreement](#)

Review the Terms of Agreement and click the box to accept.
Click "Submit" to submit your registration. The UF Supplier team will email you directly with any questions, if needed. Thank you for submitting your registration!

Review **Submit**

Exit Save for Later < Previous Next >