



UCSB - BUSINESS INFORMATION FORM

This form is to be completed by any company proposing to do business with the University of California. **Note:** If you are an individual/sole proprietor, and the UC will be paying you, your payment will be subject to California Withholding requirements.

We also require a completed [IRS Form W-9](#), or [W-8BEN](#) for international companies.

Please **EMAIL** the completed form to our **secure** locations: upload.Vendor_r5rhjvywh@u.box.com, or fax 805-893-8639.

Company Name	Phone Number
List any DBA's (Doing Business As)	DIR Registration # (if applicable)
Fulfillment Address	City, State, Zip
DUNS (Dun and Bradstreet) Number <i>(required if federal funds are involved)</i>	Email or Fax to accept a Purchase Order/Contract
Does your company sell any items that are controlled by U.S. International Traffic in Arms Regulations (ITAR) or U.S. Export Administration Regulations (excluding EAR99 items)? Yes No	
Description of Goods:	
Description of Services:	
Are any of the owners or owners' relatives currently employed by the University of California? Yes No If yes, please provide details on a separate sheet of paper.	
Are any of the owners or owner's relatives a former employee of the University of California? Yes No If yes, what was the separation date?	
Are any of the owners a current University of California student? Yes (if yes, Perm # _____) No	

BILLING INFORMATION: FOR USE ONLY IF: UCSB is paying your company (please attach a sample Invoice).

Remit-to Address (where we send a check)	City, State, Zip
Is your Company registered with the Secretary of State to do business in California? Yes No	
Are you or your Company a US Person or Entity? Yes No* *Please attach a W-8BEN	
Preferred Settlement type: Check Direct Deposit (ACH) ¹ Credit Card only ²	
1. For ACH, please fill out the Direct Deposit Authorization Form on Page 3 2. If your company only accepts a credit card, your company will not be available for campus-wide selection in our e-Procurement environment, this tool is used with companies that accept a Purchase Order.	
All goods and services are processed in our e-Procurement system, Gateway. This system allows us to process and pay your invoices promptly. Please state your prompt payment discount for payments below.	
Discount Percentage	Payment Days
____%	5
____%	10
____%	15
____%	20
Other/Comments:	

TYPE OF BUSINESS SELF-CERTIFICATION: Applies to all companies

LARGE	SMALL	<p>Note: If you check "Small", please also check a Small Business Type below. Definitions of the different Small Business types are located at http://www.bfs.ucsb.edu/purchasing/small-business-program), and further information can be found at http://www.sba.gov/. This information will be used for State of California reporting purposes and your company will be featured on the e-Procurement website at UCSB stating your business type. If you are a small business, you must complete the attached Self Certification to be considered for Subcontract opportunities (Federal Contracts that require the use of Small Business).</p> <p>Small Business Enterprise (SBE)</p> <p>Alaska Native Corporation (ANC)</p> <p>Women-Owned Small Business (WBE)</p> <p>Veteran-Owned Small Business (VOSB)</p> <p>Disabled Veteran Business Enterprise (DVBE)</p> <p>HUBZONE Business (HUB)</p> <p>Historically Black College or University and Minority Institution (HBCU/MI)</p> <p>Disadvantaged Business Concerns (SDB)</p> <ul style="list-style-type: none"> i) African American ii) Hispanic American iii) Native American iv) Asian Pacific American v) Subcontinent Asian American <p>Other – Please state: _____</p>
<p>Is your company not-for-profit? Yes No</p>		

CERTIFICATION that the above information is correct:

NAME	TITLE
SIGNATURE (REQUIRED)	DATE

DIRECT DEPOSIT FORM ON NEXT PAGE



VENDOR PAYMENT DIRECT DEPOSIT AUTHORIZATION FORM

FOR USE ONLY IF: UCSB is paying your company, and you selected Direct Deposit

Please complete this form **typewritten and attach a voided check**. If we do not receive this form completed in this manner, UCSB will default your company to paper checks and shred the form.

Type

New request	Account change	Cancellation
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Vendor Information

Company Name	Taxpayer ID
Contact Name/Company Representative	Daytime Phone Number
Email Address for Payment and Remittance Information	

Banking Information

Financial Institution _____	Branch _____
Address _____	
City _____	State _____ Zip _____
Account No. _____	Transit Routing Number (ABA): _____
Type Account: Checking _____	Savings _____
I hereby authorize: (1) the University of California to deposit payment for goods/services via electronic transfer of Funds, and (2) my financial institution to credit the same to our company's account. This authorization will remain in effect until canceled in writing.	
_____	_____
Company Representative	Phone _____ Date _____

Please attach voided check or other document verifying routing and account numbers.

- (1) You will continue to receive paper checks until a pre-noting process with the bank has been successfully completed.
- (2) When direct deposit becomes effective you will receive a deposit advice instead of a check.
- (3) Do not write checks against deposited amounts until the time indicated on the deposit advice.
- (4) If you change banks, or accounts within your bank, you must complete this form again.
- (5) If you close your account or wish to discontinue direct deposit, you must notify Accounts Payable as soon as possible at 805-893-4288.

STATE PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977(effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for disbursements of reimbursements directly to a financial institution of the individual's choosing. University policy authorizes the maintenance of this information. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filed. The office responsible for maintenance of the information is Business & Financial Services.

UCSB Accounts Payable use only

Vendor ID	Bank Code	Date	Pre-note
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