



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](#) or [W8BEN-E](#) for international companies.

Please electronically complete this form and **EMAIL** to our secure Box: upload.Vendor_r5rhjvywh@u.box.com

We accept electronic signatures.

Legal Company Name	Phone Number
List any DBA's (Doing Business As)	DIR Registration # (if applicable)
Fulfillment Physical Address	City, State, Zip
DUNS (Duns and Bradstreet) Number <i>(required if federal funds are involved)</i>	Email 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 <input type="checkbox"/> No <input type="checkbox"/>	
Description of Goods or Services (keywords for what your company provides):	
Are any of the owners or owners' relatives currently employed by the University of California? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the separation date?	
Are any of the owners a current University of California student? Yes <input type="checkbox"/> (if yes, Perm # _____) No <input type="checkbox"/>	

BILLING INFORMATION: **FOR USE ONLY IF** UCSB is paying your company. Please attach a sample invoice. Invoices to UCSB should be emailed to invoicesonly@bfs.ucsb.edu

Is your Company registered with the Secretary of State to do business in California? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a US Person or Company? Yes <input type="checkbox"/> No - <input type="checkbox"/> Please attach a W-8BEN or W8BEN-E	
Preferred Settlement type: Direct Deposit (ACH) ¹ Credit Card ² Check – Net 60 ³	
<ol style="list-style-type: none"> For ACH, please fill out the Direct Deposit Authorization Form on page 3 If you only accept a credit card, your company will not be considered for campus-wide availability in our eProcurement tool on a case by case basis. The University is committed to sustainability and prefers to pay electronically. However, if you require paper checks, our payment terms will be Net 60. 	
Optional Payment Discounts: All goods and services are processed in our e-Procurement system, Gateway. This system allows us to process and pay your invoices promptly. Select your prompt payment discount terms: <ul style="list-style-type: none"> <input type="checkbox"/> 2/10, Net 30 (ACH and Credit Card only) <input type="checkbox"/> 1/20, Net 60 (Checks only) <input type="checkbox"/> Other: _____ 	
For prompt payment, email invoices with the Purchase Order number to invoicesonly@bfs.ucsb.edu	
Remit-to Address	City, State, Zip

TYPE OF BUSINESS SELF-CERTIFICATION: Applies to all companies

LARGE

SMALL

If you check "Small", please also select a Small Business type(s) below. Further information can be found at <http://www.sba.gov>. This information will be featured on the UCSB e-Procurement system stating your business type.

If you are a small business, please attach proof of certification. Certification of business classification (by any government agency or third party) or verification of self-certification (within the GSA's System for Award Management, sam.gov, or through SBA's certify.sba.gov) is required for federal contracting or to be recognized by the University.

Small Business Enterprise (SBE)
 Small Disadvantaged Business Enterprise (SDB)
 Women-Owned Small Business (WBE)
 Veteran-Owned Small Business (VOSB)
 Disabled Veteran Business Enterprise (DVBE)
 HUBZONE Business (HUB)
 Historically Black College or University and Minority Institution (HBCU/MI)
 Other – Please state: _____

Is your company not-for-profit? Yes No

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 _____
<p>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.</p>	
_____ 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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