Supplier Information Form

General Information				☐ I am an existing supplier	☐ I am a new supplier
Legal Name:					Fed. Taxpayer I.D. #
Business Name:					
If you have done business under a previous name or acronym, please provide:					
Are you a certified minority owned business?	☐ Yes	☐ No	Certified with:		Ethnic:

Contact Information			
Purchase order (physical) address:	Company Name	Street Address 1	
	Street Address 2	City, State, Zip	
Sales Contact:	Name		Title
	Email Address	Phone	Fax
"Remit to" address (if different from above):	Company Name	Street Address 1	
	Street Address 2	City, State, Zip	
Billing Contact:	Name		Title
	Email Address	Phone	Fax

Other Locations		
Are you affiliated with other locations?	☐ Yes	☐ No
If yes, is your Accounts Receivable function in one location?	☐ Yes	☐ No
Please provide contact information for the central (or corporate) office for Accounts Receivable functions:		

☐ Same as "Remit to" address above	Company Name		Fed. Taxpayer I.D. #
	Street Address 1	Street Address 2	
	City, State, Zip		
	Contact Name/Title	Email Address	Phone Number

Products and Services – Complete and return IRS Form W-9.	
☐ Product ☐ Service ☐ Other	Description of product, service, or type of payment: ☐ Legal services ☐ Real estate parcel ☐ Medical/Health care ☐ Property damage claims ☐ Interest accrued on customer deposit ☐ Other non-employee compensation – please describe: _____ ☐ Other – please describe: _____
Payment Terms	☐ Net 30 days ☐ Other – please specify: _____

ACH Information for your location			
Name on the Account:			
Bank name:			
Bank address:	Street Address	City, State, Zip	
Bank contact:	Name	Phone # or Email Address	
ABA Routing #		**Account #**	

_____ Authorized Signature

_____ Date

Mail to Attn: Accounting Services at P.O. Box 3193, Orlando, FL 32802
Email to addressbook@OUC.com
Fax to (407) 423-9179