



UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT
SUPPLIER SET-UP / UPDATE FORM

For completion by supplier. Email form along with supplier's most recent signed W9 - to the UCOP Supplier secure email address: UCOP_Su.6vtx3ka8sukiffwr@u.box.com. Please enter all addresses.

SUPPLIER FULL NAME

- Individual Suppliers use (Last Name, First Name) format
Individual and Corporate Suppliers include legal designations as applicable

Supplier DBA (if applicable)

Tax Organization Type (select one)

Taxpayer ID (SSN: XXX-XX-XXXX or EIN: XX-XXXXXXX)

DUNS # (if available)

* UC OFFICE OF THE PRESIDENT CONTACT NAME

(the person you are working with at UCOP)

ADDRESS TYPE Primary or Corporate Address

Supplier Address

Supplier Contact Name / Title

Supplier Contact Phone / Email

* Have separate remittance/billing and/or shipping addresses? (select dropdown)

(if yes, enter additional addresses on the second page)

PREFERRED PAYMENT METHOD

Electronic Funds Transfer (EFT) *EFT Form (click link) required for this payment method
Check

COMMENTS

SIGNATURE

DATE



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Only complete this page if you have more than one address.

SUPPLIER FULL NAME _____

- Individual Suppliers use (Last Name, First Name) format
Individual and Corporate Suppliers include legal designations as applicable

ADDRESS TYPE _____ (Select One)

Supplier Address _____

Supplier Contact Name / Title _____ / _____

Supplier Contact Phone / Email _____ / _____

ADDRESS TYPE _____ (Select One)

Supplier Address _____

Supplier Contact Name / Title _____ / _____

Supplier Contact Phone / Email _____ / _____

ADDRESS TYPE _____ (Select One)

Supplier Address _____

Supplier Contact Name / Title _____ / _____

Supplier Contact Phone / Email _____ / _____