



(Office Use) Web Inquiry
Vender ID: _____

Vendor Profile Form

Legal Business Name: _____

Trade Name (DBA): _____

Please indicate any other business name(s): _____

Current Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website / Email: _____

Remit To Address: _____
(If different than above)

City, State, Zip: _____

All Vendors must check ONE of the following Business Classifications:

- ____ Small Business
- ____ Other than Small Business (Large)
- ____ Non-Profit / Not for Profit (please specify size)
 - ____ Small ____ Large

Please check all additional Business Classifications that apply:

- ____ Small Disadvantaged Business
- ____ Woman Owned Small Business
- ____ Veteran Owned Small Business
- ____ Service Disabled Veteran Owned Small Business
- ____ Historically Black College or University or Minority Institute
- ____ Foreign Owned Business
- ____ Alaska Native Corporation or Indian Tribe (as defined in FAR 52.219-9)
- ____ HUBZone Small Certified Business Certification Date _____
- ____ Ohio EDGE Certified Business Certification Date _____
- ____ Ohio MBE Certified Business Certification Date _____

DUNS # _____ CAGE Code _____

NAICS Codes:

Print Name & Title of Representative Completing Form

Signature of Authorized Representative

Date

Please fax completed Vendor Profile form to UDRI Purchasing Office at: **937-229-3433**
For questions regarding this form, please contact the UDRI Purchasing Office by calling 937-229-3822.

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