



Please provide as much information as possible to help facilitate a more productive working relationship with us.

Purchase Order Delivery Methods

| | |
|----------------------------|------------------|
| Vendor Name | E-mail Address |
| Street Address or P.O. Box | City, State, Zip |

Remit-to Address

Check here if same as above

| | |
|----------------------------|------------------|
| Street Address or P.O. Box | City, State, Zip |
|----------------------------|------------------|

Contact Information

| | |
|---|---|
| Sales Contact | Accounts Receivable Contact |
| Telephone Number (with extension if applicable) | Telephone Number (with extension if applicable) |
| E-mail Address | E-mail Address |

URL / E-mail Information

| | |
|--|--|
| Primary URL (i.e. www.ultimatemedical.edu) | E-Mail for General Inquiries (i.e. info@ultimatemedical.edu) |
|--|--|

Payment Information

| | | |
|----------------------------|--|---|
| Minimum Order Requirements | DUNS Number - provided by Dun & Bradstreet (if applicable) | Do you accept ACH (UMA preferred payment method)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the form on the next page. |
|----------------------------|--|---|

Payment Terms:

Please note: Standard payment term is Net 45. If you have questions or concerns, please email UMA Procurement Department: Purchasing@UltimateMedical.edu

| |
|---|
| Provide a general idea of the commodities you supply and/or services you perform as well as any additional information that may be helpful: |
|---|

Diversity Classifications

| Federal Diversity Classifications (Please check the box that applies.) | | |
|---|---|--|
| <input type="checkbox"/> Small Business Enterprise (HUBZone Small Business, Minority Owned Small Business (MOSB), etc) | <input type="checkbox"/> Disabled Person-Owned Business (DOBE) | <input type="checkbox"/> Disabled Veteran Owned Business (DVBE) |
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender Owned Business (LGBTE) | <input type="checkbox"/> Minority Business Enterprise (MBE) |
| <input type="checkbox"/> Service Disabled Veteran (SDVB) | <input type="checkbox"/> Veteran Owned Business (VBE) | <input type="checkbox"/> Woman Business Enterprise (WBE) |
| <input type="checkbox"/> Historically Black College/University or Minority Institution | <input type="checkbox"/> Non-Profits, not ED or HO (LNP) | <input type="checkbox"/> Other (Please specify) |