

VENDOR DATA SHEET  
FOR  
JACKSONVILLE UNIVERSITY  
2800 UNIVERSITY BLVD. N  
JACKSONVILLE, FL 32211-3394

Please complete the following information:

Vendor Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remittance Address [leave blank if same as above]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Telephone Number:(\_\_\_\_)\_\_\_\_\_ Fax # (\_\_\_\_)\_\_\_\_\_  
E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Business Hours: \_\_\_\_\_  
Free Delivery? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, F.O.B. point \_\_\_\_\_

Invoice Terms: \_\_\_\_\_

Do you accept Purchase Orders? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Organization: [check all that apply]

\_\_\_\_ Dealer \_\_\_\_\_ Retailer \_\_\_\_\_ Manufacturer \_\_\_\_\_ Wholesaler

\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Factory Rep.

How long in business? \_\_\_\_\_

Major supplier of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information for:

Customer Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return of Material \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Officials:

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Preparers

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_