

New Supplier Registration (Business)

IMPORTANT: This application is for **DOMESTIC (U.S.) SUPPLIERS ONLY**. International suppliers should **not** complete the application and must reach out to payroll-services@ufl.edu for assistance.

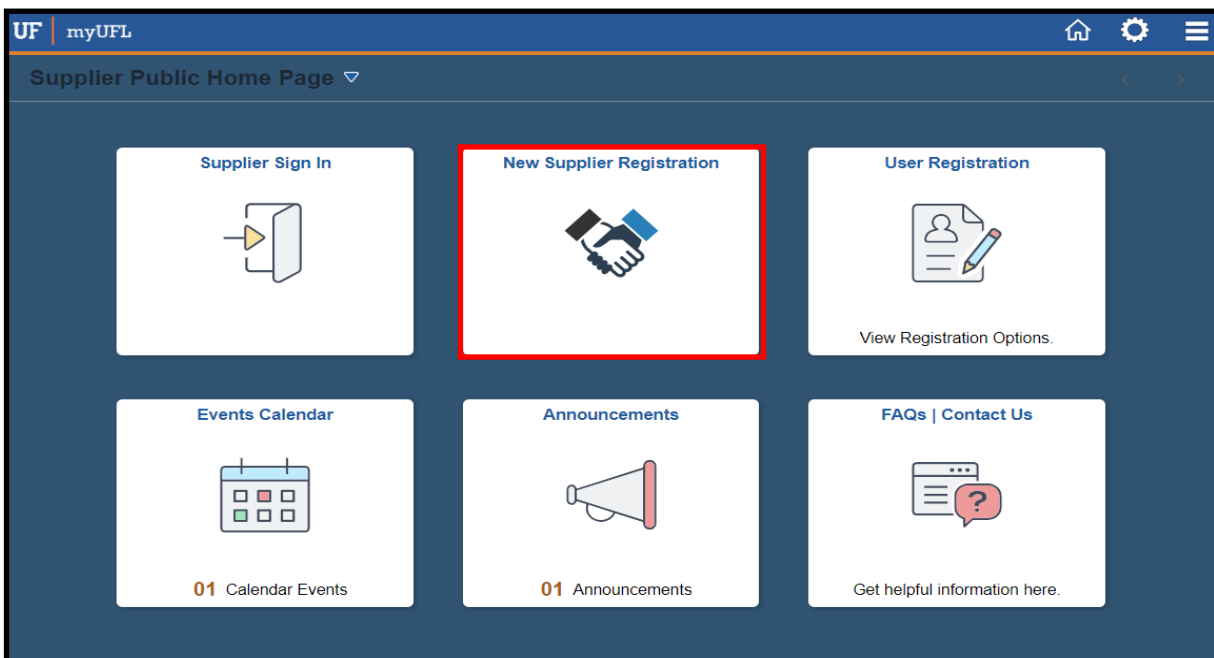
Welcome, new supplier!

Before you begin the registration process, please be sure to have the following documents available:

- 1) **Banking information**—provide ONE of the following:
 - Image of a voided check
 - Bank statement with your (business) name, bank name, and account number (all other information may be redacted)
- 2) **A copy of your W-9 form**

Please note: UF requires payment to suppliers via **ACH** or **ePay**.

To begin registration, navigate to the [UF Supplier Portal home page](#) and click the Supplier Portal Link. Select “New Supplier Registration.”



Step 1

WelcomeIdentifying InformationAddressesContactsPayment InformationSubmit

ExitSave for LaterPreviousNext

Welcome - Step 1 of 6

UF

UNIVERSITY of
FLORIDA

Supplier Portal

For additional information and required forms, please visit University Disbursement Services supplier website.

[Supplier Information](#)

By submitting this application to become a supplier at the University of Florida, the supplier agrees to the Standard Terms and Conditions located at the following website:

[Purchase Order Terms and Conditions](#)

Select an activity below: ?

☒ Start a new registration form

What type of entity do you represent?

☐ None

☒ US Company (EIN)

☐ US Citizen or Resident (SSN)

☐ Continue from where you left

Select US Company (EIN)

* Required fieldExitSave for LaterPreviousNext

Step 2

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Identifying Information - Step 2 of 6

Required on this page:

- Tax Identification Number
- Company Name
- University of Florida – Supplier Tax Information Form
- Your Name
- UF Department and Contact
- UNSPSC

Example website:
<https://procurement.ufl.edu/suppliers/>

Important:
Complete the Acknowledgements
section by checking all applicable
boxes.

Unique ID & Company Profile ?

* Tax Identification Number

Enter your EIN/TIN with no hyphen

* Supplier Name

Your company name

Doing Business As (if applicable)

Leave blank if you do not have a DBA

Supplier Website

Leave blank if you do not have a website

Open URL

* Classification

Select "Outside Party"

*Please attach W-9 form



W-9 Form

Add Attachment



Attach your W-9 here. If you need a
W-9, click "W-9 Form" to download,
then complete and attach.

Step 2 (continued)

Profile Questions ⓘ



* Provide the ufl.edu email address of the UF department contact you are working with. (Address only please. No names.)  



Enter your UF departmental contact's email address



* Conflict of Interest (COI) Information: Does any UF employee, or spouse, child, or relative* of a UF employee have an ownership interest of 5% or more in  



Select "No" in drop-down if NO UF employee has an ownership interest of 5%.



If "Yes" is selected, you must answer the three COI questions below.



COI 1A: (Answer ONLY if Yes to COI information above.) Please provide the name(s) of the UF employee(s) and a detailed explanation of the business this  



COI 1B: (Answer ONLY if Yes to COI information above.) Does this entity intend to accept payment from a UF division, department or office affiliated  



COI 1C: (Answer ONLY if Yes to COI information above.) Does any UF employee have direct or indirect involvement or oversight  



Business Classification or Designation (if Applicable)  



Certification Source (if Applicable)  



* Certification Document (Required if Certification Source is selected)  Attachment 



* General Liability Insurance Document (Required ONLY if working on UF property.)  Attachment 

General Liability Insurance Expiration Date  

* Workers' Compensation Insurance Document (Required ONLY if working on UF property.)  Attachment 

Workers' Compensation Insurance Expiration Date  

* Vehicle Insurance Document (Required ONLY if working on UF property.)  Attachment 


Vehicle Insurance Expiration Date  

If you have any of the certifications or insurance documents noted in this section, please attach them.

If you do NOT have any certifications or insurance information to include, please do not enter anything in this section and continue with the registration process.

Small businesses should attach their small business certification.


UNSPSC ⓘ

UNSPSC-United Nations Standard	Description
Add UNSPSC 	
Add Additional Code	

Please note the UNSPSC entry is optional. UF departments may use the codes to locate suppliers who offer specific goods or services, so it is recommended that you add the UNSPSC code(s).

To select a UNSPSC, click the magnifying glass and a pop-up list should appear. Click "Look Up" for the list of codes and select the option that corresponds to the type of good or service you provide. You may select all that apply.

Comments ⓘ



* Required field

Exit Save for Later < Previous **Next >**

Step 3

WelcomeIdentifying Information**Addresses**ContactsPayment InformationSubmit

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Addresses - Step 3 of 6

Primary Address (W-9) ?

* Country United States

Address 1

Address 2

Address 3

City

State

Postal

Business Phone Ext

Enter your mailing address and phone number.

If you have a remit address, include it by clicking on "Remit to Address" below and enter the remit address.

Other Addresses ?

Check boxes below to indicate addresses that are different from your Primary Address above:

☐ **Remit To Address**
Address for remitting payment

☐ **Sales Address**
Address for sales

☐ **Ordering Address**
Address for sending orders

ExitSave for LaterPrevious**Next**

Step 4

WelcomeIdentifying InformationAddresses**Contacts**Payment InformationSubmit

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Contacts - Step 4 of 6

Company Contacts ?

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Add Contact

Select "Add Contact" to enter your contact information and user profile information.

* Required field

ExitSave for LaterPrevious**Next**

Step 4 (continued)

Add Contacts

Contact Information [?]

Description	<input type="text"/>	<input type="checkbox"/> Primary Contact
* First Name	<input type="text"/>	
* Last Name	<input type="text"/>	
Title	<input type="text"/>	
* Email ID	<input type="text"/>	
* Telephone	<input type="text"/>	Ext <input type="text"/>
Fax Number	<input type="text"/>	
Contact Type	<input type="text" value="v"/>	

User Profile Information [?]

User Id must begin with "SUP" and be at least 11 characters.

* Requested User ID	<input type="text" value="SUP"/>
Password should be at least 8 characters and include upper case, numbers and special chars.	
* Password	<input type="password"/>
* Confirm Password	<input type="password"/>
Description	<input type="text"/>
* Password Hint	<input type="text" value="v"/>
* Hint Response	<input type="text"/>

OK

Cancel

Step 5

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Payment Information - Step 5 of 6

Attachments ?

*Requested Payment Terms30Net 30

*Ordering Address

*Remit Address

Default is Net30. Do not change this field.

Use the drop-down menus and select your "Primary Address."

UF participates in Bank of America's ePayables program. Enrollment will allow UF to remit payments to you faster via single use credit cards. Please note that you must be able to accept credit card payment and there is a fee associated if you select this option.

If you would like to participate in the ePayables program, leave Payment Method and Banking Information blank and add a note in the comment box at the bottom letting us know of your choice.

For more information click here. [Link to Guide](#)

☐ Enable Email Payment Advice

If you are unable to use ePayables or Direct Deposit and require payments to be made via a check, leave the Payment Method and Banking Information blank and add a justification in the comment box below why an electronic form of payment cannot be accepted.

*Email Address

Payment Method

PO Dispatch Email

PO Dispatch Fax

Enter your email address.

Select "Direct Deposit" from drop-down.

Enter your email address here.

Leave blank if you do not have a fax number.

Supplier Banking Information ?

CountryUSAUnited States

Bank Name

Bank ID Qualifier001United States Bank

Bank Routing Number

Bank Account Number

Account Type

Enter your bank's name.

Enter your routing number here.

Enter your bank account number here.

Select account type from drop-down.

Attachments ?

Add Attachment

IMPORTANT! You must attach an image of a voided check OR a bank statement showing your business name, bank name, and account number. All other information can be redacted.

Comments ?

Comments

*Required Field

ExitSave for LaterPreviousNext

2025-06

Step 6

WelcomeIdentifying InformationAddressesContactsPayment InformationSubmit

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Submit - Step 6 of 6

Select the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

If not shown below, please add your email along with the UF department contact's email address in the following format: your email address semicolon department contact: Example- potentialsupplier@gmail.com; departmentcontact@ufl.edu

This will send communication regarding this registration to you as well as the department contact you will be working with.

Confirm your email address(es) are correct.

Terms and Conditions ?

Make sure you read terms of agreement fully before submitting your registration.

☒ Select to accept the Terms of Agreement below.
[Terms of Agreement](#)

ReviewSubmit

Review the Terms of Agreement and click the box to accept.

Click "Submit" to submit your registration. The UF Supplier team will email you directly with any questions, if needed. Thank you for submitting your registration!

ExitSave for LaterPreviousNext