



UCSB BUSINESS INFORMATION FORM

This form is to be completed by any company or individual proposing to do business with UCSB.

Note: If you are an individual/sole proprietor and the UC will be paying you, your payment will be subject to California Withholding requirements.

Please electronically complete and sign this form, and email to our secure **Box**: upload.Vendor_r5rhjeyvh@u.box.com

Legal Company/Individual Name	Phone Number
List any DBAs (Doing Business As)	DIR Registration # (if applicable)
Fulfillment/Physical Address	City, State, Zip
Email to accept a Purchase Order/Contract	
<p>Please indicate one of the following, and attach the completed applicable required IRS form below:</p> <p><input type="checkbox"/> US Person or Company – Attach your W-9 <input type="checkbox"/> International Entity – Attach your W-8BEN-E, or</p> <p><input type="checkbox"/> International Individual – Attach your W-8BEN W-8IMY, or W-8EXP, or W-8ECI</p>	
Description of Goods or Services* (REQUIRED - keywords for what your company provides):	
<p>*If Services, will this work be physically performed in California? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	

CONFLICT OF INTEREST:

Are you, or are any of the company's owners currently an employee of any entity of the University of California (including but not limited to any campus, medical center, ANR, lab, or Office of the President)? Yes* <input type="checkbox"/> No <input type="checkbox"/>
Are you, or are any of the company's owners a former employee , within the last two (2) years, of any UC campus, medical center, ANR, lab or Office of the President? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or are any of the company's owners a near relative of any employee of a UC campus, medical center, ANR, lab or Office of the President? <i>Near relative includes spouse, domestic partner or relative of the domestic partner, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any UC employee or the employee's near relative own 10% or more of the company? (see above for definition of "Near relative") Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any employee of the University of California be paid by your company any portion of the compensation under the proposed transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>
To the best of your knowledge, has any UC employee made, participated in making, or influenced the UC's decision to approve the proposed transaction with your company that ALSO has a financial interest in your company? <i>Financial interest includes having an investment interest in your company, received payments or gifts from your company in the past 12 months, or been an employee with or in a management position with your company.</i> See https://www.ucop.edu/general-counsel/_files/coi/disqualification_rule.pdf . Yes <input type="checkbox"/> No <input type="checkbox"/>

PAYMENT AND BILLING INFORMATION: FOR USE ONLY IF UCSB is paying your company.

Will UCSB be paying your company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a sample invoice with your completed form.	
Remit-to Address	City, State, Zip

NOTE: Invoices to UCSB must contain your **UCSB Purchase Order Number** and emailed to invoicesONLY@bfs.ucsb.edu

Check the payment method your company would prefer:

Payment Method	Payment Terms	Check One	Remit Email Address
ACH - <i>must have U.S. Bank info.</i>	Net 30	<input type="checkbox"/>	
Check	Net 30	<input type="checkbox"/>	
International Suppliers: Check (in USD only)		<input type="checkbox"/>	
International Suppliers: Wire Transfer		<input type="checkbox"/>	
Virtual¹ Credit Card	Pay Immediate	<input type="checkbox"/>	

SMALL AND DIVERSE BUSINESS CERTIFICATION

The University of California values supplier diversity and supporting small businesses. It is the policy of the University of California, consistent with State and Federal Law, to optimize opportunities for business contracting with small business enterprises, and to give all responsive, responsible vendors a fair and equal opportunity to compete for campus business. The UC uses a third party database to search small and diverse businesses across hundreds of sources, including the [Federal System for Award Management](#), the [California Department of General Services](#), and many more.

For more information on UC Santa Barbara's Small and Diverse Business Program, including how to become certified, please visit: <https://www.bfs.ucsb.edu/procurement/small-and-diverse-business-program>.

CERTIFICATION that the above information is correct:

NAME	TITLE (REQUIRED)
SIGNATURE	DATE

NOTE: Invoices to UCSB must contain your **UCSB Purchase Order Number** and emailed to
invoicesonly@bfs.ucsb.edu

¹ *Instead of UCSB issuing a check or ACH payment, the payment is included in a file sent to U.S. Bank, which would in turn notify your company of all the paid transactions. UCSB will issue your company a dedicated virtual credit card number for each payment batch. Your company would access and draw down funds from the card product. Best for suppliers that routinely invoice the campus but cannot integrate their billing with UCSB's invoice processing system.*



VENDOR PAYMENT - DIRECT DEPOSIT AUTHORIZATION FORM

FOR USE ONLY IF: UCSB is paying your company, and you selected ACH for Payment

Please complete this form **and attach a scanned voided check or signed bank letter**. If we do not receive all these requirements, UCSB will default your company to paper checks and destroy this form.

Type

New request Account change Cancellation

Business Information

Legal Name		Taxpayer ID
Representative Name	Representative Title	Daytime Phone Number
Email Address for Payment and Remittance Information		

Banking Information

Financial Institution _____	Branch _____	
Address _____		
City _____	State _____	Zip _____
Account No. _____		Transit Routing Number (ABA): _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
I hereby authorize: (1) the University of California to deposit payment for goods/services via electronic transfer of Funds, and (2) my financial institution to credit the same to our company's account. This authorization will remain in effect until canceled in writing.		
Company Representative _____		Phone _____
		Date _____

Please attach voided check or other document verifying routing and account numbers.

- (1) You will continue to receive paper checks until a pre-noting process with the bank has been successfully completed.
- (2) When direct deposit becomes effective you will receive a deposit advice instead of a check.
- (3) Do not write checks against deposited amounts until the time indicated on the deposit advice.
- (4) If you change banks, or accounts within your bank, you must complete this form again.
- (5) Any changes to direct deposit must be provided in writing to UCSB Procurement by emailing: gatewayhelp@bfs.ucsb.edu

STATE PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977(effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for disbursements of reimbursements directly to a financial institution of the individual's choosing. University policy authorizes the maintenance of this information. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filed. The office responsible for maintenance of the information is Business & Financial Services.