



Purchasing Department
12479 Research Parkway 600
Orlando, FL 32824
(407) 823-2661 Fax (407) 823-5551

Form P: Foreign Vendor Application

REQUIRED: Provide Quote, Invoice or Work Order on Company Letterhead along with copies of any types of agreements associated with this purchase. A certificate of foreign status will be requested upon review of this initial application.

Contact Information

Business or Individual's Name:

Permanent establishment in the U.S. where income is generated? Yes No

US Address (If applicable):

Phone: Fax:

Contact Name:

Email Address: Web Address:

Type of entity: Please also clearly mark on the form W-8BEN, your organization's type of entity (Part 1, Section 3)

\*Claiming applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b)? Yes No

Services Commodities Subscription Software Membership Other

Equipment: Only Operating Software Maintenance Services

\*NOTE: A clear and detailed description must be presented on your organization's quote, invoice, or work order.

Submitted by: Capacity in which acting:

Signature: Date:

For UCF Staff Only:

Dept. Rep Name: UCF Dept.

Signature: Date:

Vendor # Assigned: