

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 ____ / ____ / ____