



Vendor Information Form

VENDOR LEGAL ENTITY AND ADDRESS DATA

Legal Entity Name: _____

Doing Business As (DBA - if different from above): _____

Address/PO Box: _____ City: _____

Region/State/Province: _____ Postal/Zip Code: _____ Country: _____

Purchase Order Email Address: _____

REMITTANCE ADDRESS (If Different From Above):

Address/PO Box: _____ City: _____

Region/State/Province: _____ Postal/Zip Code: _____ Country: _____

A/R Supervisor: _____ A/R Phone Number: (____) _____

A/R E-Mail Address: _____ A/R Fax Number: (____) _____

***Please provide e-mail for ACH Program here, if different from A/R e-mail:** _____

Payment Terms:

- Net 75 3% - Immediate Pay
 2.5% 15, 2% 30, Net 75 2% 30, NET 75

**** Terms will default to Net75, if no terms are selected.**

Payment Method:

- I agree to participate in ACH program
 I understand the ERS program and agree to participate

Are you able to submit invoices electronically? Yes No

If yes, please check type: EDI XML Web Base Other

Business Classification (1099 Categorization):

- | | |
|--|--|
| <input type="checkbox"/> Individual – US Citizen or US Permanent Resident (Green Card) – 1099 | <input type="checkbox"/> Charity under 501(a) or IRA - Exempt |
| <input type="checkbox"/> Individual – Non US Citizen or Non US Permanent Resident (Foreign) – 1042 | <input type="checkbox"/> Government Agency (US) - Exempt |
| <input type="checkbox"/> Sole Proprietorship – 1099 | <input type="checkbox"/> United States or any of its Agencies/Instrumentalities (State, D.C., Possession of US, Political Subdiv.)- Exempt |
| <input type="checkbox"/> Joint Venture, LLC, LLP or Partnership – 1099 | <input type="checkbox"/> Non US Corporation/Partnership/Government Agency – Exempt |
| <input type="checkbox"/> Corporation US: Medical/Healthcare Payments (i.e. Physicians & Providers of Healthcare Serv.) or Legal Serv. 1099 | |
| <input type="checkbox"/> Corporation US: All Other (Including 501(c) 3 Non Profit Groups) - Exempt | |

Tax Identification Number: # _____

- Federal Tax ID Number (TIN) (US Only), **OR** GST Number (Canada Only), **OR**
 SSN (for non-TIN 1099 vendors), **OR** VAT Registration Number (Outside North America)

Are you a registered Minority Company?

- Asian American African American Hispanic American Native American Women Owned Disabled Veteran

AUTHORIZATION:

Vendor hereby authorizes Universal City Development Partners, Ltd., (hereinafter referred to as Universal), to provide direct payment of any invoices or reimbursement due to Vendor into the above designated account. If at any time the amount of payment so deposited exceeds the amount of payment actually due and payable to Vendor, Vendor hereby authorizes Universal at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above-designated account. If any action is taken by Vendor that results in non-acceptance of a direct payment by the designated Depository Institution, Vendor understands that Universal is not responsible for or required to process a supplemental payment until the amount of the non-accepted deposit is returned to Universal by the Depository Institution. Vendor understands that this authorization will remain in effect until it is cancelled in writing and Vendor agrees to notify Universal in writing of any changes in its account information or termination of this authorization at least 15 days prior to the next payment date. Both parties agree to be bound by NACHA Operating Rules as they pertain to these transactions.

Vendor Name

Date

Authorized Signature

Name

Title