

# VENDOR REQUEST FORM | ORGANIZATION

(To request an organization be added as a new vendor in the UGA database)



*This does not register the supplier in the UGA Vendor System. UGA IDM will contact the organization to register at [suppliers.uga.edu](http://suppliers.uga.edu).*

Date: \_\_\_\_\_ Requesting Coalition: \_\_\_\_\_

## Requester (Your) Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

## Vendor Information

Name of Vendor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vendor Point of Contact Name: \_\_\_\_\_

Vendor Point of Contact Phone Number: \_\_\_\_\_

Vendor Point of Contact Email Address: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO COALITION SUPPORT ([coalitionsupport@uga.edu](mailto:coalitionsupport@uga.edu))**