



SUPPLIER COORDINATOR
(919) 962-3355

HISTORICALLY UNDERUTILIZED BUSINESS FORM (HUB Form)

Suppliers must complete a W-9 form, the Supplier Master Form (SMF), and return with this form to the requesting department at the UNC System Office.

IRS INFORMATION: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

CONTACT INFORMATION:

REMIT TO:	ORDER FROM: <input type="checkbox"/> SAME AS REMIT TO
Vendor Name:	Vendor Name:
Contact Name:	Contact Name:
Address 1:	Address 1:
Address 2:	Address 2:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
E-mail:	E-mail:
Website:	Website:

NC HUB Certified: No Yes (Attach Email/letter from NC HUB Office) for more information, visit: <http://www.doa.nc.gov/hub>

- Female Socially and Economically Disadvantaged Disabled Owned
- African American Hispanic American Asian American American Indian
- Disabled Business Enterprise Non-Profit Work Center

SIZE OF BUSINESS: Small _____ # of employees Large _____ # of Employees
To Determine if business is small or large, visit SBA site:
<https://www.sba.gov/document/support--table-size-standards>

I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION SHOWN ON THIS FORM IS CORRECT, AND (3) I am not on the Federal Debarred Vendor list <https://www.sam.gov/portal/SAM/#1#1> or the NC Debarred Vendor list <https://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors>

SIGNATURE TITLE DATE

PRINT NAME