



# CHOICE SUPPLIER PROFILE FORM

UGI Supplier ID \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Rep or Service Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

E-Mail Address for Purchase Orders (PO): \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Describe the business: \_\_\_\_\_

Type of Supplier: CHOICE SUPPLIER

\* For Internal Use Only: Payment Setup –Immediate

**Vendor Payment Method:** ACH - E-mail to send ACH remittance advise to: \_\_\_\_\_

ABA number \_\_\_\_\_ Account number \_\_\_\_\_

Account Type (check one):  Checking Account  Savings Account

I authorize UGI Utilities, INC. to initiate credit entries, and needed adjustments to the depository.

Type of Business (check one):  CORPORATION (except Medical or Healthcare Service provider)  INDIVIDUAL

MEDICAL/HEALTHCARE SERVICE CORPORATION  NON PROFIT  PARTNERSHIP

OTHER (SPECIFY) \_\_\_\_\_ Standard Industrial Classification (SIC) Code: \_\_\_\_\_

**Classification:** (Please check one if more than 51% owned and operated by the following):

Woman-Owned  African-American  Asian/Pacific American  Hispanic American  Native American

Filipino American  Polynesian American  Other \_\_\_\_\_

Is your company registered with minority purchasing councils? If YES, attach your Company's registration and certification documents.

Please check all that apply:

Vietnam Era Veteran  Handicapped/Disabled  Small Business - # of Employees \_\_\_\_\_  Other \_\_\_\_\_

**I authorize UGI Utilities, INC. to verify any of this information.**

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**W-9 INFORMATION: IN ORDER FOR UGI UTILITIES, INC. TO COMPLY WITH IRS REGULATIONS FOR FORM 1099, RETURN A COMPLETED W-9 FORM WITH THIS SUPPLIER PROFILE FORM TO UGI UTILITIES.**

**UGI Utilities Inc. Contact:**

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

Reason for Request: \_\_\_\_\_

UGI Central Purchasing Approval Signature:	Date:	UGI Finance Department Approval Signature:	Date:
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