

**University of Houston System  
Vendor Setup Coversheet – U.S. Business/Organization**

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

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

If this is a corporation, select one:

- Professional Corporation (anywhere in US)
- Corporation (US - Texas)
- Corporation (US – Outside of Texas)

If this is a partnership other than Limited Partnership, complete the following:

Partner Name \_\_\_\_\_ SSN \_\_\_\_\_

Partner Name \_\_\_\_\_ SSN \_\_\_\_\_

The above partner's information is required by the Texas Comptroller.

UH System person to notify when vendor setup is complete (optional): \_\_\_\_\_  
Email Address

Complete and fax this coversheet, a W-9 form, and a Direct Deposit Authorization form to Vendor ID (Fax # 713-743-0521).