If you are a non-US business/Organization, please complete the following:

Business Name: ____________________________
Contact Person: ____________________________
Phone #: ____________________________
Email: ____________________________
Fax #: ____________________________

If you are a non-US individual, please complete the following:

Name: ____________________________
Phone #: ____________________________
Email: ____________________________

☐ Check this box if you are a UHS employee.

UH System person to notify when vendor setup is complete (Required**): ____________________________

Email Address

** Vendors will NOT be set up in the UHS Vendor System without this information.

Complete and fax this coversheet, a W-8 form, and a Direct Deposit Authorization form to Vendor ID (Fax # 713-743-0521). If you do not have a U.S. Bank Account, you do not need to complete/fax a Direct Deposit Authorization form.

Revised 08/30/19