

IU VENDOR PERMIT APPLICATION FORM

Representatives of service companies that have a contractual relationship with Indiana University to deliver goods or services may apply for a Vendor Permit. A Vendor Permit will not be issued if the company has an office or work site located on campus.

Last Name _____ First Name _____

Company _____ Phone _____

Address _____

City _____ State _____ Zip _____

Purpose of University Business _____

Email Address: _____

Location of University Business _____

Frequency of Use on Campus _____

License Plate #	State	Month/Year Plate Expire (MM/YY)	Plate Type (Ind. Plate Only)	Make	Style	Year of Vehicle	Permit Number

I agree that the above information is true and complete. I agree to be governed by the provisions of the University Motor Vehicle and Traffic Regulations in the operation and parking of my vehicle(s). I agree that the Vendor Permit will be used for the sole purpose of conducting business with the University. I agree that the permit may not be used for employee parking, student parking or special event parking.

Signature _____ Date _____

Office Use Only: Date _____ By _____

Payment Method: Cash _____ Check # _____ Billing/Credit Card _____

Total Amount Received _____ Temporary Permit Valid Thru _____