UB Vendor Card Request Form

Department Sponsoring the request:							
Department Contact:			Phor	ne:			
Name of the individual the card is for:							
Today's Date:							
Company Name:							
Phone Number:							
Applicant Email Address:							
Supervisor:							
Supervisor Signature of Approval:							
Method of Payment:							
Address:							
C	Contact:			Phor	ne N	Number:	
Pay Online: https://marketplace-buffalo.nbsstore.net/vendor-access-cards							
Please State the building(s)							
you require access to:							
Please indicate if you require a swipe card or chip style card:							
Swipe Card				Chip Style Card			
Swipe card will be a \$10.00 fee, chip style card will be a \$15.00 fee.							
You will be notified when your card is available.							
You will need to show photo ID at time of pick up.							
Please indicate which location you would like to pick up your card:							
	North Campus			•	South Campus		
1 Capen Hall				114 Diefendorf Hall			
645-6344				829-3682			
M–F 9am–4:30pm				Call for Hours – Closed during			
Summer & Holiday hours may vary				Summer			
Signature:				Date	:		

Required at time of pick up.