## **UB Vendor Card Request Form**

Department Sponsoring the request:							
Department Contact:			Phone:				
Name of the individual the card is for:							
Tod	lay's Dat	te:					
Cor	npany N	ame:					
Pho	ne Num	ber:					
Applicant Email Address:							
Sup	ervisor:						
Supervisor Signature of Approval:							
Met	hod of P	Payment:					
A	Address:	1					
(	Contact:			Pho	ne l	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 \$13.00 fee, chip style card will be a \$16.00							
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 9a	m–4:30pm	hauma maayyyami		Cal	I for Hours – Clo	osed during
	M-F 9a	m–4:30pm	hours may vary		Cal		osed during
	M-F 9a	m–4:30pm	hours may vary		Cal	I for Hours – Clo	osed during

Required at time of pick up.