



Human Resources
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Tallahassee, FL 32306-2410
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Vendor Request to Participate in Seminole Savings

Questions regarding the Seminole Savings Discount Program should be directed to Michael Horgan via email mhorgan@fsu.edu or phone 850-644-4017. The completed form can be faxed to 850-644-7041.

Name of Business: _____

Name of Provider or Authorized Agent: _____

Title: _____

Telephone Number: _____

E-mail Address: _____

Business Location of Product or Services: _____

Street Address, City, State, Zip Code: _____

Business Mailing Address: Check if same as business location _____

Street Address, City, State, Zip Code: _____

Amount of Discount In %: _____

Please enter a brief description (no more than 20 words) of your discount offer as you would prefer it to appear on the web site: (Vendors are welcome to include a web link if they would like to provide more information.):

Please list how to redeem this discount (i.e. present a valid FSU card at checkout, visit our web site for details on receiving your discount, etc.):

Web site address: _____

By submitting this request form, you acknowledge and agree to provide all the necessary information to have your product or service listed on the web site of the University, and that failure to provide all such information could result in a delay in processing your request form. You also understand and agree to provide written notification to The Florida State University Benefits Office about discontinuation, manufacturer recalls, or any other information about your product or service that may conflict with the mission and values of The Florida State University. By submitting this request form, you understand and agree that approval of your participation in the Employee Discount Program (EDP) shall not constitute or create a contract or an agency relationship between you as the vendor and the University for the provision of any goods and services to the University. Additionally, you understand and agree that your participation as vendor in the EDP does not modify the terms of any existing vendor contract for goods and/or services with the University, nor does it constitute an endorsement by the University of your product or service. Finally, you understand and agree that the University may discontinue the EDP or your participation in the EDP without advanced notice.

Signature: _____ **Date:** _____