Student Life Business Office
Vendor Request Form

Affiliation:
(Please check one) □ AS  □ GPSA  □ Student Organization  □ Other Specify: ______________

- Completing this form does not guarantee the vendor will be added to TAP.
- The vendor is responsible for completing the registration process via email invite.

Student Organization Name: ____________________________

PLEASE PRINT LEGIBLY (ALL FIELDS REQUIRED)

Business Name: ____________________________  Contact Name: ____________________________

Website: ______________________________________________________________________________

Complete Mailing Address: __________________________________________________________________

Email: ___________________________________________  Phone: ____________________________

Once complete, send to Anna Dickson at aldickson@ucsd.edu to request vendor.

FOR STUDENT LIFE BUSINESS OFFICE USE ONLY