



**THE UNIVERSITY OF SOUTHERN MISSISSIPPI
VENDOR REGISTRATION
PURCHASING DEPARTMENT**

VENDOR NAME: _____

Incorporated Non-Incorporated

ADDRESS

Ordering Address: _____

City/Town: _____ State: _____

Zip/Postal Code: _____ Country: _____

TELEPHONE

Telephone: _____

Extension: _____

Fax: _____

Remit to Address: _____

City/Town: _____ State: _____

Zip/Postal Code: _____ Country: _____

Federal Tax ID#: _____

Type of TIN: Federal ID# SS ID#

VENDOR TYPE

<input type="checkbox"/> Small Business	<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Small Disabled Veteran Business
<input type="checkbox"/> Small Minority-Owned Business	<input type="checkbox"/> Woman-owned Small Business	<input type="checkbox"/> Large Business
<input type="checkbox"/> Hub-Zone Small Business	<input type="checkbox"/> Non-Profit Business	<input type="checkbox"/> Government Business
<input type="checkbox"/> Foreign-Owned Business	<input type="checkbox"/> Other	

1099 and 1042 Information
(Substitute Form W-9)

Name: _____

Residence: _____

City/Town: _____ State: _____

Zip/Postal Code: _____ Country: _____

TYPE OF PRODUCTS OR SERVICES THAT YOU ARE INTERESTED IN PROVIDING TO THE UNIVERSITY: _____

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
P. O. BOX 5003
HATTIESBURG, MS 39406
PHONE: 601-266-4131
FAX: 601-266-5182