

J# \_\_\_\_\_  
Date Completed \_\_\_\_\_  
\_\_\_\_\_



## Office of Purchasing and Travel - Vendor Registration Form

This form **must** be accompanied by a W-9 **and** direct deposit authorization to be processed. If vendor can't receive payment via direct deposit, attach an explanation as to why. Exceptions to the requirement that vendors receive payment via electronic means will be considered on a case by case basis.

Vendor Name \_\_\_\_\_ Tax ID#/SSN \_\_\_\_\_

Corporate Address, City, State, Zip Code \_\_\_\_\_  
\_\_\_\_\_

Remittance Address, City, State, Zip Code \_\_\_\_\_  
\_\_\_\_\_

Website URL \_\_\_\_\_ Type of Service or Product Offered \_\_\_\_\_

Please check all that apply:

Women Owned	Veteran Owned	Small Business	Asian Indian
Native American	Asian Pacific	Black American	Hispanic American

Are you a certified DBE? \_\_\_ If yes, please include your certification.

**Conflict of Interest Declarations** - If you answer "Yes" to either Conflict of Interest Statement, please attach documentation that identifies the relationships that intersect with JSU employees.

1. Does any JSU employee serve as an officer, director, or partner of this company? \_\_\_\_\_
2. Does JSU provide employment for any party (or member of the party's immediate family) who has a 5% or greater ownership interest in this company? \_\_\_\_\_

I certify that the entity being registered as a vendor with this documentation is registered and in good standing with the Mississippi Secretary of State's Office.

Name & Date \_\_\_\_\_ Signature of Authorized Official \_\_\_\_\_

Phone \_\_\_\_\_ Email Address for Receipt of POs \_\_\_\_\_

Email completed forms (including Direct Deposit & W-9) to [purchasing@jsums.edu](mailto:purchasing@jsums.edu). You can also fax to 601-979-9139.

