



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

VENDOR NAME (must match W-9): _____

Incorporated Non-Incorporated

ADDRESS

Ordering Address: _____

Telephone: _____

City/Town: _____ State: _____

Extension: _____

Zip/Postal Code: _____ Country: _____

Fax: _____

Remit to Address: _____

Email: _____

City/Town: _____ State: _____

USM Student? Yes No

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 | |

* Are you a U.S. Company or citizen? Yes No If No, contact the Tax Compliance Officer at 601-266-4102.

If you have questions about this form, please call Vendor Maintenance at 601-266-4131 or the Tax Compliance Officer at 601-266-4102.

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