



THE UNIVERSITY of
MISSISSIPPI

Office of Procurement Services

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Vendor # _____

Procurement Information Bid Request and/or Purchase Order Address _____ Contact Person _____ Company Name _____ Address _____ City State Zip Code _____ Phone Number _____ Email	Remit to Address for Checks if Different from Purchase Order Address _____ Company Name _____ Remit to Address _____ City State Zip Code _____ Phone Number _____ Email
Direct Deposit (ACH) Payment Information _____ Name of Bank _____ Address of Bank _____ City State Zip Code _____ Name of Account Holder _____ Bank Routing Number _____ Bank Account Number _____ Email Address for Accounts Receivable (Required) _____ Title of Form Signer _____ Printed Name of Form Signer _____ Phone Number of Form Signer _____ Signature	Minority Indicator Information (Complete if you are a Minority-Owned Business) HUB Zone Disadvantaged Business Concern _____ Small Business Concern _____ Small Disadvantaged Business Concern _____ Women-Owned Small Business Concern _____ Other Minority _____ Certification Date _____ (If Applicable)