



Vendor Application

Once completed and signed, upload your forms to our secure vendor portal at

<https://olemiss.app.box.com/f/995592f4041744e78ae318ca810bfed1>.

Vendor Name (as shown on your income tax return)

Business Name/ Disregarded Entity Name (if different from above)

Address (to send 1099)

Remittance Address (to send payment)

Phone Number #1

Phone Number #2

Email (for purchase orders)

Email (for direct deposit payment notification or payment questions)

Social Security Number

OR

Employer Identification Number

Are you a U.S. citizen or entity?

☐ Yes

☐ No

Have you been debarred or suspended from working with the Federal Government?

☐ Yes

☐ No

Are you currently an employee for The University of Mississippi, or is this business owned, either fully or partially, by a University employee?

☐ Yes

☐ No



Federal Tax Classification

Check the appropriate box for federal tax classification of the person whose name is entered above. Check only **ONE** of the following boxes. If you have questions about federal tax classification, please visit <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

- ☐ Individual/ Sole Proprietor/ Single-Member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/Estate
- ☐ LLC (C Corporation)
- ☐ LLC (S Corporation)
- ☐ LLC (Partnership)
- ☐ Other: _____

Minority Indicator Information (if applicable)

- ☐ HUB Zone Disadvantaged Business Concern
- ☐ Small Business Concern
- ☐ Small Disadvantaged Business Concern
- ☐ Women-Owned Small Business Concern
- ☐ Other Minority: _____

Certification Date (if applicable) _____

Direct Deposit (ACH) Payment Information

Name of the Bank

Address of the Bank

Name of the Account Holder

Bank Routing Number

Bank Account Number

Is this a checking or savings account?

- ☐ Checking
- ☐ Savings



Department Contact

Department (the department you are working with on campus)

Department Contact Name

Department Contact Email

Form Signature (Required)

Under penalties of perjury and by signing this form, you:

1. Certify that the taxpayer identification number you are giving is correct (or you are waiting for a number to be issued), and
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. (This item does not apply.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Form Signer Printed Name

*Form Signer Signature (Required. *See note below.)*

Date

Form Signer Title (if company)

Form Signer Phone Number

**There are various methods for signing this document.*

- *Electronic signature with a timestamp, save, and upload. (an option available in fill and sign PDF apps)*
- *Print, sign, scan or take a picture, and upload.*
- *Sign on your phone or tablet, save or take a picture, and upload.*