

Office of Procurement Services  
vendors@olemiss.edu  
Office Phone: 662-915-7448  
Fax: 662-915-7752



# Vendor Application

Once completed and signed, please upload this form to our secure vendor portal at <https://olemiss.app.box.com/f/995592f4041744e78ae318ca810bfed1>. Do not email this form.

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*Vendor Name (as shown on your income tax return)*

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

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*Address (to send 1099)*

*City*

*State*

*Zip*

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*Remittance Address (to send payment)*

*City*

*State*

*Zip*

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*Phone Number #1*

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*Phone Number #2*

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*Email (for purchase orders)*

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*Email (for direct deposit payment notification or payment questions)*

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*Social Security Number*

**OR**

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*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

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## 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 (Owner's name must be listed as "Vendor Name.")
- 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

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*Department (the department you are working with on campus)*

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*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.

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*Form Signer Printed Name*

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

-----  
*Date*

-----  
*Form Signer Title (if company)*

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*Form Signer Phone Number*

**Please allow one week processing.**

*\*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.*