



FOR OPT USE ONLY: J# \_\_\_\_\_

Jackson State University  
Office of Purchasing and Travel

**VENDOR REQUEST FORM**

A completed form is required prior to adding your company/agency's name to the Jackson State University's vendor database. Please type or print legibly. You may fax the form to 601-979-0706 or scan and email the form to purchasing@jsums.edu.

**To be processed, a direct deposit form must accompany this form.**

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

**Type of Business**

- Sole Proprietor
- Partnership
- LLC
- Non-Profit
- Corporation
- Other (Specify) \_\_\_\_\_

**Order Address**

**Payment Address**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website: \_\_\_\_\_

Commodity/Service Provided \_\_\_\_\_

use separate sheet if needed

The information requested below is required and will be used for data collection purposes only.		Business Profile (check all that apply)	
<input type="radio"/> Certified	Certifying Agency _____		
<input type="radio"/> Minority BE	<input type="radio"/> Woman BE	<input type="radio"/> Disadvantaged BE	<input type="radio"/> Small BE

**Conflict of Interest Statement**

Does any University employee serve as an officer, director or partner of this company?  Yes  No

Does Jackson State University provide employment for any part (or member of the party's immediate family) that has a 5% or greater ownership interest in this company?  Yes  No

If you answered "Yes" to any of the Conflict of Interest Statements, Identify the individual(s) and their relationship to your company. \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Purchasing \_\_\_\_\_

Date \_\_\_\_\_