

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
VENDOR REGISTRATION
PURCHASING DEPARTMENT

VENDOR NAME: _____

Incorporated Non-Incorporated

Zip/Postal Code: _____ County: _____ Fax: _____

Remit to Address: _____

City/Town: _____ State: _____

Zip/Postal Code: _____ County: _____

Federal Tax ID#: _____

Type of TIN: Federal ID# SSID#

VENDOR TYPE

<input type="checkbox"/> Small Business	<input type="checkbox"/> Sma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hub-Zone S (H)Tj 9 0 0eo3e	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

Residence: _____

City/Town: _____ State: _____

Zip/Postal Code: _____ County: _____

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