

# DELTA STATE UNIVERSITY



## Vendor Information Request Form

To: Delta State University Vendors

In order to comply with Internal Revenue Service regulations and to establish your company as a vendor, please complete this form and a W-9 form. Returning the completed forms will ensure prompt payment of invoices.

**DSU will not release payments until forms are received and information has been verified.**

(Please print or type)

Contact name / Title: \_\_\_\_\_

Business name (if applicable): \_\_\_\_\_

Phone number (800 number if available): \_\_\_\_\_

Preferred delivery method of purchase orders: provide E-mail address or Fax number: \_\_\_\_\_

In addition to line 3 information of the W9, please indicate whether your business is:

Minority Owned Business	_____
Non-Profit Organization	_____
Small Business	_____
State Agency	_____
Women Owned Business	_____
Other (please note)	_____

You may return the information by e-mail to [schow@deltastate.edu](mailto:schow@deltastate.edu) or fax to 662.846.4049.

If you have any questions please call 662.846.4046.

Thank you.

Susan Chow  
Procurement and Accounts Payable Coordinator