

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 mdjones@deltastate.edu or fax to 662.846.4049.

If you have any questions please call 662.846.4046.

Thank you.

Mechelle Jones
Accounts Payable and Procurement Coordinator