



**VENDOR/SUPPLIER
REGISTRATION FORM**

University Department Requesting Form _____

E-Mail/Fax completed form to:

Fax: 918-495-7907

E-mail form: vendors@oru.edu

Phone: 918-495-6688

Company/Individual Name on IRS Record		Phone	Fax
Company DBA name - <i>Payments will be made to this name</i>		Phone	Fax
Contact Name		Phone	Fax
[PR/PO] Primary Business Address/Purchase Order Information		Phone	Fax
(Physical Street, City, State, 9-Digit Zip)		E-Mail Address and/or Company Website	
Contact Name		Title	
[RE] Remit To Information (If different from above) <i>Mailing address for checks and 1099 reporting</i>		Phone	Fax
(PO Box or Street, City, State, OK 9-Digit Zip)		E-mail Address	
Contact Name		Title	
Parent Company Name and address			
Relationship Disclosure (Check all that apply):			
[R1] Are you, or any Officer, Director, Owner or Partner in this company, an employee of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No			
[R2] Is a direct family member of any of the above an employee of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No			
[R3] Are you an Alumni of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Substitute IRS Form W-9 Certification		Social Security Number	
Part I Taxpayer Identification Number (TIN)		____ - ____ - ____ or	
Enter your TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).		Employer Identification Number	
____ - ____ - ____		____ - ____ - ____	
IRS Business Classification (<i>must check one</i>)			
[IS] <input type="checkbox"/> Individual/Sole Proprietor		[PR] <input type="checkbox"/> Partnership	
[LL] <input type="checkbox"/> Limited Liability Entity (<i>D-Disregard entity C-Corporation, P-Partnership</i>)		[NP] <input type="checkbox"/> Non-Profit	
[CP] <input type="checkbox"/> Corporation		[OT] <input type="checkbox"/> Other _____	
Designated State Domicile Registration: _____			
Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number, and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and			
3. I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9).			
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For additional information refer to: www.irs.gov and form W-9.			
Submission of this form is not a contract between Oral Roberts University and any party.			
Sign Here	Signature of U.S. Person:	Date:	
	Printed Name:		
	Title:		