



**INTERNATIONAL  
VENDOR/SUPPLIER  
REGISTRATION FORM**

University Department Requesting Form \_\_\_\_\_

E-Mail/Fax completed form to:

Fax: 918-495-6433

E-mail form: vendors@oru.edu

Phone: 918-495-7549/6688

|  |                      |                                       |       |
|--|----------------------|---------------------------------------|-------|
| Company/Individual Name  |                      | 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, Country, Postal Code)  |                      | E-Mail Address and/or Company Website |       |
| Contact Name   |                      | Title                                 |       |
| NOTE: International Payments are only paid via wires.  |                      | Phone                                 | Fax   |
| Bank Institution Name  |                      | E-mail Address                        |       |
| S.W.I.F.T. Code  |                      | Title                                 |       |
| IBAN Number  |                      |                                       |       |
| Bank Account Number  |                      | Bank Account Name                     |       |
| <b>Relationship Disclosure (Check all that apply):</b><br>[R1] Are you, or any Officer, Director, Owner or Partner in this company, an employee of Oral Roberts University? <input type="checkbox"/> es <input type="checkbox"/> o<br>[R2] Is a direct family member of any of the above an employee of Oral Roberts University? <input type="checkbox"/> es <input type="checkbox"/> o<br>[R3] Are you an Alumni of Oral Roberts University? <input type="checkbox"/> es <input type="checkbox"/> o |                      |                                       |       |
|  |                      |                                       |       |
| Submission of this form is not a contract between Oral Roberts University and any party.   |                      |                                       |       |
| <b>Sign Here</b>   | Signature of Person: |                                       | Date: |
|  | Printed Name:        |                                       |       |
|  | Title:               |                                       |       |