



**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: Interantional 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> [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 [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 [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:		