

# STATE OF MISSISSIPPI SUPPLIER (VENDOR) REGISTRATION FORM INSTRUCTIONS

## What Is The Purpose of This Form? / When Should I Use This Form?

The purpose of this form is for registering a supplier or grantee via Registration of Suppliers (ROS). This form should be used by potential suppliers to submit their company information to State agencies for registering on behalf of that supplier within MAGIC. Suppliers will also need to submit a valid W9.

## How to Complete the Form

Please complete each section (\* denotes required field)

## General Company Information

Indicate if a Supplier or Grantee registration\* – Check one  
Name of Company\* – Enter Supplier Company Name  
Doing Business As (DBA) – If applicable, enter second company name  
Indicate if a Federal Employer Identification Number (FEIN) or Social Security Number (SSN)\* -- Check one and enter the number  
D-U-N-S Number – If known, enter supplier DUNS number  
Phone Number\* – Enter supplier phone number  
Fax Number – Enter supplier fax number  
Email address\* – Enter supplier Email address

## Additional Company Information

Vendor Headquarters State – Enter headquarter state of supplier  
Permanent Staffed Office in Mississippi – Check box if applicable  
Send Medium\* -- Check one to indicate the supplier's preferred method of communication  
Street Address\* – Enter Street or PO Box Address for supplier  
County – Enter County for supplier  
City\* – Enter City for supplier  
State\* – Enter State for supplier  
ZIP Code\* – Enter ZIP Code for supplier  
Country\* – Enter Main Country for supplier

## Contact Person Information

Name\* – Enter name of contact person for supplier  
Email Address\* – Enter email address of contact person for supplier  
Phone Number\* – Enter phone number of contact person for supplier  
Fax Number – If available, enter fax number of contact person for supplier

## Comments

Enter comments as needed.

**Note: If an e-mail address is not available, enter [OFMMagic@dfa.ms.gov](mailto:OFMMagic@dfa.ms.gov)**

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| Supplier Registration Form  |       | (*) Denotes Required Fields  |           |          |
|---|-------|--|-----------|----------|
| General Company Information   |       | Check One*    Supplier <input type="checkbox"/> Grantee <input type="checkbox"/> |           |          |
| Name of Company*  |       |  |           |          |
| Doing Business As (DBA)   |       |  |           |          |
| Check One*    FEIN <input type="checkbox"/>   |       | SSN <input type="checkbox"/>   |           |          |
| D-U-N-S Number  |       |  |           |          |
| Phone Number*   |       | Fax Number   |           |          |
| Email Address*  |       |  |           |          |
| Additional Company Information  |       |  |           |          |
| Vendor Headquarters State   |       | Permanent Staffed Office in Mississippi <input type="checkbox"/>                 |           |          |
| Send Medium*                      Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> |       |  |           |          |
| Street Address*   |       |  |           |          |
| County  | City* | State*   | Zip Code* | Country* |
| PO Box  | City  | State  | Zip Code  |          |
| Contact Person Information  |       |  |           |          |
| Name*   |       | Email Address*   |           |          |
| Phone Number*   |       | Fax Number   |           |          |
| Comments:   |       |  |           |          |
|   |       |  |           |          |
| Office Use Only   |       |  |           |          |
| Received By   |       | Completed By   |           |          |
| Received Date   |       | Completed Date   |           |          |