

STATE OF MISSISSIPPI SUPPLIER (VENDOR & SUB-GRANTEE) 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.

STATE OF MISSISSIPPI SUPPLIER (VENDOR & SUB-GRANTEE) REGISTRATION FORM

Supplier / Sub-Grantee 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	