

DEPARTMENT OF FINANCE AND ADMINISTRATION

Supplier (Vendor) Alternate Remittance/Ordering Address Maintenance Form

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

Suppliers (Vendors) who have completed the online registration process in MAGIC will use this form to request additions, changes, or removal of alternate ordering addresses for receiving Purchase Orders, and/or remittance addresses for receiving payments. **This form cannot be used to change the main W9 address for the Supplier (Vendor).** Suppliers have the ability to maintain their main address directly in the MAGIC Supplier Self-Service Portal.

INSTRUCTIONS FOR COMPLETING FORM:

This is not an interactive form. Please print the form and completely fill out each section.

** denotes required fields*

MAGIC Supplier (Vendor) Information

Main Supplier (Vendor) Name* – Enter Supplier (Vendor) Name as it appears in the MAGIC system.
Supplier (Vendor) Number* – Enter MAGIC Supplier (Vendor) number.
DUNS Number – If known, enter Supplier (Vendor) DUNS number.

Add/Remove/Change Address Information

Select whether this address is Ordering Address or Remittance Address.
Select Yes to indicate that this is a default address.
Street/PO Box* – Enter Street or PO Box number for Supplier (Vendor).
City* – Enter City for Supplier (Vendor).
State* – Enter State for Supplier (Vendor).
ZIP Code* – Enter ZIP Code for Supplier (Vendor).
Country* – Enter Main Country for Supplier (Vendor).

NOTE: If changing an address, these fields must be provided for both the “Change From” and “Change To” addresses.

Submitter’s Contact Information

Name*: Enter name of person submitting address changes.
Phone Number*: Enter phone number of person submitting address changes.
Email Address*: Enter email address of person submitting address changes.
Fax Number: If available, enter fax number of person submitting address changes.

INSTRUCTIONS FOR SUBMITTING COMPLETED FORM:

There are three options for submitting a completed form:

- (1) Scan the form to a PDF document, attach the PDF to an email, and send to OFMMagic@dfa.ms.gov.
- (2) Mail the completed form to: Department of Finance and Administration, P.O. Box 1060, Jackson, MS 39215-1060.
- (3) Fax the completed form to 601-359-5525.

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* Denotes Required Fields

MAGIC Supplier (Vendor) Information			
Main Supplier (Vendor) Name*			
Supplier (Vendor) Number*		DUNS Number	

Add Address Information: Ordering Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Default Address: Yes <input type="checkbox"/>							
Street/PO Box*							
City*		State*		ZIP Code*		Country*	

Remove Address Information: Ordering Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Default Address: Yes <input type="checkbox"/>							
Street/PO Box*							
City*		State*		ZIP Code*		Country*	

Change Address Information: Ordering Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Default Address: Yes <input type="checkbox"/>							
Change From:							
Street/PO Box*							
City*		State*		ZIP Code*		Country*	
Change To:							
Street/PO Box*							
City*		State*		ZIP Code*		Country*	

Submitter's Contact Information			
Name *		Phone Number*	
Email Address*		Fax Number	

For DFA Use Only			
Submit completed form via mail, email, or fax to: Department of Finance and Administration P.O. Box 1060 (39215-1060) 501 North West Street - Suite 701-B Jackson, MS 39201 Phone: 601-359-3538 Fax: 601-359-5525 Email: OFMMAGIC@DFA.MS.GOV	Received By:		Received Date:
	Completed By:		Completed Date: