Mississippi Valley State University



Vendor Application Form



Applicant's Order and/or Mailing Address			Applicant's Remit Address:			
Address:			Address			
Address			Address			
Attn:			Attn:			
City	State	Zip	City	State	Zip	
Telephone No			Telephone No.			
FAX No.			FAX No.			
		Ta	ax Information			
Federal Employe	er Tax Identification No.		Social Security No. (if Individual)			
		Cha	nge of Address			
		Conflict of	f Interest Statement:			
Does any Univ	versity employee serve as an offic	er, director (or partner of this company?	Yes	No	
	ey State University provide empl amily) that has a 5% or greater o			Yes	No	
Immediate fa If you answer	amily) that has a 5% or greater or	wnership into		Yes	No	
Immediate fa If you answer	mily) that has a 5% or greater of "Yes" to any of the Conflict of In	wnership into	erest in this company?	Yes	No	
Immediate fa If you answer and their rela	mily) that has a 5% or greater of "Yes" to any of the Conflict of Intionship to your company.	nterest States For Ur	ment, indentify the individual (s) niversity use only		No	
Immediate fa If you answer and their rela	mily) that has a 5% or greater of "Yes" to any of the Conflict of Litionship to your company. Mississippi Valley State Un	nterest States For Ur	erest in this company? ment, indentify the individual (s)		No	
Immediate fa If you answer and their rela	"Yes" to any of the Conflict of Intionship to your company. Mississippi Valley State Un MVSU # 7244 14000 Hwy 82-W	nterest States For Ur	ment, indentify the individual (s) niversity use only		No	
Immediate fa If you answer	"Yes" to any of the Conflict of Intionship to your company. Mississippi Valley State Un MVSU # 7244	For Ur	ment, indentify the individual (s) niversity use only		No	

TYPE OF	OWNERSHIP:		
(01)	Sole Proprietorship	(05)	Governmental Agency
02)	Partnership	(06)	Individual
03)	Corporation	(07)	Veteran
04)	Non-Profit Organization	(08)	Others
Business C	lassification		
Mark only o	on classification, Refer to "Definitions" for ass	istance in determining c	orrect classification
01)	Small Business	(06)	Minority Owned Business
02)	Corporation	(07)	Handicapped-Owned Business
03)	Disadvantaged Business	(08)	Other
04)	Veteran Owned Business		
(05)	Women-Owned Business		
	Conti		
	Certi	fying Agency	
(01)	SMALL BUSINESS: a business concern in the field operations in which it is bidding	that is organized for pro	fit, is independently owned and operated, is not dominal andards as prescribed in the code of Federal Regulatio
(01)	SMALL BUSINESS: a business concern in the field operations in which it is biddin Title 13, Part 121. Consult your local coneeded. CORPORATION: a business concern the	that is organized for prong, and meets the size stor district Small Busines	offit, is independently owned and operated, is not dominal and ards as prescribed in the code of Federal Regulations Administration (SBA) office if further classifications
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