



**Oklahoma State University Facilities Management
Supply Department
78 FM Services
Stillwater, OK 74078
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www.fm.okstate.edu
Email: fm.supply@okstate.edu
Office hours: M-F, 8-12; 1-5 pm**

Supplier Registration Form

Complete and return via email or fax (listed above)

Company Name:			
Company address:			
Owner/President:		Owner/President Email:	
Owner/President Phone:		Owner/President Fax:	
City:	State:	ZIP:	
Contact Person:		Contact Email:	
Contact Phone:	Contact Fax:	FEI/SS #:	
Remit address <i>(if different from above)</i> :			
City:	State:	ZIP:	
Phone:	Fax:		
Type of Business: Please check all that apply.			
A. Large Business: ____			
B. Small Business: ____ 1) Small Disadvantaged Business ____ 2) HUB Zone Small Business ____			
3) Women-Owned Business ____ 4) Veteran-Owned Small Business ____			
5) Service-Disabled Veteran-Owned Small Business ____ 6) Sheltered Workshop ____			
7) Historically Black College/University & Minority Institution ____ 8) Registered in CCR Y__ N__			
C. Other (specify)_____			
Sole proprietorship:	Partnership:	Corporation:	Other:
Payment Terms:			
PLEASE NOTE: Products and/or Services are not to be rendered until you have received a valid Purchase Order from Oklahoma State University Physical Plant Services.			
<i>Please answer the following question:</i>			
Does the party holding principle interest in the company have a family member employed by Oklahoma State University? Y__ N__			
If yes, what is the relationship?			
Submitted By			
Name: (include business card)			
Title:			