



**INTERNATIONAL
VENDOR/SUPPLIER
REGISTRATION FORM**

University Department Requesting Form _____

E-Mail/Fax completed form to:

Fax: 918-495-6985

E-mail form: vendors@oru.edu

Phone: 918-495-7531/7549

Company/Individual Name	Phone	Fax
Company DBA name - <i>Payments will be made to this name</i>	Phone	Fax
Contact Name	Phone	Fax
[PR/PO] Primary Business Address/Purchase Order Information	Phone	Fax
(Physical Street, City, Country, Postal Code)	E-Mail Address and/or Company Website	
Contact Name	Title	
[RE] Remit To Information (<i>If different from above Mailing address</i>) for checks and Tax reporting	Phone	Fax
(PO Box or Street, City, Country, Postal Code)	E-mail Address	
Contact Name	Title	
Parent Company Name and address		
Relationship Disclosure (Check all that apply):		
[R1] Are you, or any Officer, Director, Owner or Partner in this company, an employee of Oral Roberts University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[R2] Is a direct family member of any of the above an employee of Oral Roberts University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[R3] Are you an Alumni of Oral Roberts University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submission of this form is not a contract between Oral Roberts University and any party.		
Sign Here	Signature of Person:	Date:
	Printed Name:	
	Title:	