

**OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION
 VENDOR REGISTRATION
 VENDOR REQUIRED INFORMATION
 (All fields are required. Please complete in full)**

	Date:	
Company Name:		
Business Address:		
City and State:	Zip Code (Must be 9 digits):	
Remittance Address:		
City and State:	Zip Code (Must be 9 digits):	
Business Telephone Number:	Business Fax Number:	
Company Federal ID# (Must be 9 digits):		
1st Contact Person:	E-mail Address:	
Telephone Number:		
2nd Contact Person:	E-mail Address:	
Telephone Number:		