



Electronic Purchase Order Request Form

Vendor Name: _____

Address Line #1: _____

Address Line #2: _____

Address Line #3: _____

City: _____

State: _____

Zip/Postal Code: _____

Email Address for Receiving Purchase Orders: _____

**Note: You will no longer receive paper copies of purchase orders in the mail. **

I _____, hereby certify that I am authorized to provide Ferris State University with an email address for the delivery of electronic purchase orders for the above named vendor.

Signature

Date

I understand that if the email address provided is no longer functioning, I will be responsible for notifying Ferris State University in advance. I will also provide them with a new email address for delivering electronic purchase orders.

Contact Name: _____

Phone Number: _____

This form should be returned to the address listed below:

Ferris State University
Purchasing Department
420 Oak ST, PRK 250
Big Rapids, MI 49307

Phone: (231) 591-2165
Fax: (231) 591-3902

Purchasing Office Use	
Vendor ID:	_____
Updated By:	_____