

Mississippi VENDOR REGISTRATION FORM

Vendor Name:		
Executive Officer or Manager:		
Address:		
Email:	Telephone:	
Brands to be Marketed and Shipping	Points for Each Brand: (If not changed from pre	evious filing, leave blank)
Broker In compliance with the provisions of	Mississippi Administrative Code Title 35, Part II	I Subpart 2 Chapter 11 we bereby
	ng the following individual(s) as an employee an	
Name:		
Email:	Telephone:	
Describe duties and methods of com	npensation (Salary/Salary & Bonus/Other compe	ensation):
Purchase orders are to be sent elect		
Additional Email address:		
Additional Email address:		
document will, at all times comply we Mississippi Department of Revenue. We understand that we may be held a connection with the representation of a duty to report any unlawful activity above-named employee(s)/manufactor indirect compensation, profit, or consigning this Application certifies und or she has the authority to sign this definition.	distributor, rectifier, or importer, that our official ith the Laws, Rules and Regulations applicable. We further certify that we have been informed of responsible for all activities, including the person of our business in this State. We certify that this is which violates Local Option Laws to Mississipherer's representative(s)/broker(s) is/are the only commission from the sale and distribution of our er oath that all the information contained in this ocument as the manufacturer or on behalf of the rethe penalty of perjury pursuant to Mississippi of	to us as enforced and overseen by the of such Laws, Rules and Regulations and conduct, of this individual in individual understands that he/she has pi ABC. We hereby certify that the one(s) who is/are receiving any direct merchandise. Finally, the person document is true and correct and he manufacturer and acknowledges that
By:Executive Officer Signature	re Title	 Date