



For Internal use only:
Vendor No. _____

VENDOR APPLICATION

Instructions: Please complete and return the Vendor Application along with a signed W-9. Vendor Application and W-9 should be returned by email to lewisal@uapb.edu or mailed to Attn: Procurement Office, 1200 N. University Drive, Pine Bluff, AR 71601.

New Vendor Existing Vendor – Update Record Vendor’s

Name: _____

DBA (If applicable): _____

Federal Taxpayer Identification (TIN): _____

If a Student (Social Security Number): _____

Vendor’s Address (mailing address for warrant check and must be reflected on the billing invoice): Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Arkansas Minority Indicator (check only one): Legal Status (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> African American | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-or Not-for-Profit | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Woman-Owned | <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Service-Disabled Veteran |

Arkansas Minority/Service Disabled Veteran Certificate Number: _____

Certification: I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with UAPB.

Yes No

Under penalties of perjury, I certify that the information provided above is true, correct, and complete.

Signature

Title

Printed Name

Date