

Procurement



ARKANSAS STATE
UNIVERSITY
BEEBE
HEBER SPRINGS • LRAFB • ONLINE • SEARCY

Vendor Identification Form --- PLEASE TYPE OR PRINT ALL INFORMATION

If Sole Proprietorship or Individual, start at item 1; otherwise, start at item 2.

1. Last Name: _____ First Name: _____
2. Business Name: _____
3. Address: _____
4. City: _____ State: _____ ZIP: _____
5. Contact: _____
6. Email Address: _____
7. Phone: _____

1507 West Center Street
P.O. Box 1000
Beebe, AR 72012
Phone: 501.882.4547

TAXPAYER IDENTIFICATION NUMBER (TIN):

Employer Identification Number (EIN): _____

(For Corporations, Trusts, Estates, Pension Trust, Associations, Clubs, Religious, Charitable, Educational, or other tax-exempt organizations, Partnerships, Brokers or registered nominees, Sole Proprietorships)

Social Security Number (SSN): _____

(For Individuals and Sole Proprietorships)

Legal Name of Entity: _____

(This should match what appears on your Federal Tax Return and correspond with the EIN or SSN provided above)

Legal Status: Check only one (1).

- Corporation
- Individual/Sole Proprietor
- Partnership
- Non-or Not for Profit
- Non-Resident Alien
- Foreign Corporation
- Other: _____

Indicate Minority Status:

- African American Owned
- Asian Owned
- Hispanic Owned
- Native American (Indian) Owned
- Woman Owned
- Disabled Veteran
- Not Applicable

Individual Status: Check only one (1).

- U.S. Citizen
- I am a permanent resident (green card holder)
- I am not a U.S. Citizen

Preferred delivery method of Purchase Orders:

- E-mail to: _____
- Mail to address listed above

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

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please e-mail the completed form, along with a signed W-9 form, to enfisher@asub.edu or mail to Arkansas State University-Beebe; Attn: Procurement; P.O. Box 1000, Beebe, AR 72012.

FOR OFFICE USE ONLY:

Vendor # _____