



VENDOR FORM

Please print or type

City of Fayetteville
 Purchasing Division
 113 W. Mountain
 Fayetteville, AR 72701
 Phone: (479) 575-8256
 Fax: (479) 575-8257

www.accessfayetteville.org

VENDOR INFORMATION

Section 1	1. Social Security Number -- (Owner SS# required for sole proprietorship, DBA's, & individuals)	2. Taxpayer ID Number (Federal TIN used to file federal tax return)	
	3. Payee Name (as shown on your tax return):		
	4. Business Name (if different from above - include DBA's here):		
	5. Business Address:		
	6. City	7. State:	8. Zip Code:
	9. Phone:	10. Fax:	11. Contact Name:
	12. E-Mail Address:		13. Do you accept Visa as a method of payment? Please check one: YES NO

VENDOR TAX ACKNOWLEDGEMENT

Section 2	14. What does your business provide (Check all that apply):	15. Is your business <u>Incorporated?</u>	16. Is your business filed as an LLC (Limited Liability Corporation)?	16a. What is your LLC formed as?	17. Business Type (LLC's must also fill out this section) - <u>Box 1 in Section 1 must be filled in</u>
	<input type="checkbox"/> Services <input type="checkbox"/> Supplies	<input type="checkbox"/> Yes (skip to Section 3) <input type="checkbox"/> No (go to 16)	<input type="checkbox"/> Yes (go to 16a) <input type="checkbox"/> No (go to 17)	<input type="checkbox"/> Sole Proprietorship (go to 17) <input type="checkbox"/> Partnership (go to 17) <input type="checkbox"/> Corporation (skip to Section 3)	<input type="checkbox"/> Sole Proprietorship: Enter Owners Name <input type="checkbox"/> Operated as a "DBA": Enter Name <input type="checkbox"/> Partnership: Enter name used on tax return

VENDOR ADDRESS & REMITTANCE INFORMATION

Section 3	18. MAILING ADDRESS: Please check if same as above	19. PAYMENT REMITTANCE ADDRESS: Please check if same as above	
	Street:	Street:	
	City:	City:	
State:	Zip Code:	State:	Zip Code:

SIGNATURE & PAYEE ACKNOWLEDGEMENT

Under penalties of perjury, I hereby certify the payee's above TIN is correct, the payee is not subject to backup withholding due to failure to report interest and dividend income, and that the payee is a U.S. person

Section 4	SIGN HERE	Signature of U.S. person →	_____ / ____ / ____
		Signature	Date
		Printed Name: _____	Title: _____

CITY OF FAYETTEVILLE -- OFFICE USE ONLY

Section 5 - Office Use Only	PURCHASING OFFICE ONLY		REQUESTER INFORMATION	
	VENDOR NUMBER	_____	Name of Requester:	_____
	DATE ENTERED	____/____/____	<i>Please check one:</i>	Request Date: _____
	DATE MAPPED	____/____/____	<input type="checkbox"/> New Vendor	Requester Ext. _____
	Entered by: _____		<input type="checkbox"/> Vendor Change	Requester Dpt. _____
			P-Card Vendor? circle one: YES NO	