

CITY OF HOT SPRINGS ARKANSAS

PURCHASING OFFICE

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VENDOR APPLICATION

VENDOR / BUSINESS NAME: _____

DBA: _____

Address: _____

Phone No.: _____ Fax No.: _____

E-Mail: _____ Web: _____

Product / Service offered: _____

Type Entity: Sole Proprietorship Partnership Corporation
 Other (identify) _____

If Corporation, State incorporated in: _____

DBE/WBE Certified (by Government Agency): Yes No

If certified, Certifying Agency: _____

TIN / EIN: _____ SSN: _____

Subject to backup withholding: Yes No Unknown

Hold Arkansas Sales Tax Permit: Yes No. If yes, No. _____

Length of time you've been providing the product/service above: _____

Require hard copy of purchase order: Yes No

In accordance with IRS regulations and rules, failure to provide all information or to return the attached IRS W-9 form (if attached) may prevent the application being processed, cause payment to you to be withheld until such information is received, or subject you to backup withholding.

Signature **Printed Name** **Date**