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
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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**