



Office of Business Affairs
Vendor Identification Information

PLEASE PRINT OR TYPE

No payments will be released until ALL information is received and the Tax ID has been verified with the IRS.
If Sole Proprietorship or Individual, start at line 1; otherwise start at line 2.

1. Last Name First Name Middle Initial
2. Business Name
3. Address
4. City State Zip Code E-Mail Address
5. Contact Name (if different from above) E-Mail Address
6. Phone: () - area code Fax: () - area code

7. TAXPAYER IDENTIFICATION NUMBER (TIN) - information below is required:
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)
OR
Social Security Number (SSN):
(For Individuals and Sole Proprietorships)
Legal Name of Entity that appears on your Federal Tax Return (This should correspond with the EIN or SSN provided above)

8. Legal Status: Check only one (1).

- Corporation
Individual/Sole Proprietor
Partnership
Non-or Not For Profit
Non-Resident Alien
Foreign Corporation

9. Business Owner Information if applicable:

- Black Owned
Asian Owned
Hispanic Owned
Native American Owned
Woman Owned
8(a) Small Business Enterprise
Small Disadvantaged Business
HUBZone
Veteran Owned
Disabled Veteran Owned Hispanic Owned

10. Individual Status: Check only one (1).

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

11. Preferred delivery method of Purchase Orders:

- E-mail to:
Fax to:

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

Signature Title
Print Name Date

Please fax the completed form to: (479) 575-4158
Or mail to University of Arkansas, 321 Administration Bldg, Fayetteville AR 72701.

For Office use Only:
Vendor No. _____