

VENDOR REGISTRATION APPLICATION

Complete and fax, mail or email this form to:
Southeast Arkansas College
1900 Hazel, Purchasing Department, Pine Bluff, AR 71603
Ph/Fax: 870-850-8629
Email: aweatherly@seark.edu

Date: _____

Legal Business Name: _____ EIN/SSN: _____

Vendor Business Contact: _____ Contact Phone: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Foreign Zip Code: _____

Business Phone: _____ Fax Number: _____

Toll Free Number: _____ Website: _____

E-Mail Address (If Non, enter N/A): _____

Section "A" VENDOR MAILING ADDRESS (If different from business address)

Address: _____ City: _____

State: _____ Zip Code: _____ Foreign Zip Code: _____

SECTION "B" VENDOR REMITTANCE ADDRESS (Required to be completed)

Address: _____ City: _____

State: _____ Zip Code: _____ Foreign Zip Code: _____

Accounts Receivable Contact Name: _____

Phone Number: _____ Fax Number: _____

SECTION "C" BUSINESS CLASSIFICATION (SELECT ALL THAT APPLIES)

Corporation (CO)	Limited Partnership (LP)
Company (CP)	Medical (MD)
Employee Owned (EO)	Minority Owned (MN) (See Section "D")
Foreign (FO)	Nonprofit (NP)
Incorporated (IC)	Partnership (PA)
Individual (IN)	Sole Proprietor (SP)
Limited Liability Corporation (LLC)	State Agency (SA)

SECTION "D" MINORITY CLASSIFICATION

American Indian (AI)	Hispanic American (HS)
Asian American (AS)	Pacific Islander (PI)
African American (AF)	Service-Disabled Veteran (DV)

Registered with State of Arkansas as Minority Vendor: Yes or No

****W-9 OR W-8BEN(Foreign Vendors) MUST ACCOMPANY THIS FORM****