

# VENDOR REGISTRATION APPLICATION

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

Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

Vendor Business Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Toll-Free Number: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address (If none, enter N/A): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

## SECTION B: VENDOR REMITTANCE ADDRESS (Required to be completed)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

Accounts Receivable Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## SECTION C: BUSINESS CLASSIFICATION (Select all that applies)

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

## SECTION D: MINORITY CLASSIFICATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian (AI)  | <input type="checkbox"/> Pacific Islander (PI)         | <input type="checkbox"/> Hispanic American (HS) |
| <input type="checkbox"/> Asian American (AS)   | <input type="checkbox"/> Service-Disabled Veteran (DV) | <input type="checkbox"/> Female Owner           |
| <input type="checkbox"/> African American (AF) |  |   |

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

For more information on how to register with the Minority and Women-Owned Business Enterprise division of the Arkansas Economic Development Commission (AEDC) as a certified minority or women-owned business, logon to <https://www.arkansasedc.com/community-resources/Minority-and-Women-Owned-Business-Enterprise-Resources/detail/get-certified>.

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