

**PURCHASING USE ONLY**

<b>BUSINESS VENDOR REGISTRATION FORM</b>
<p><b>Email this form along with W-9 to:</b></p> <p><b>University of Central Arkansas -Purchasing Department</b>  <b>2125 College Ave. Ste. 2 Conway, AR 72034</b>  <b>Phone: 501-450-3173</b>  <b>Email: <a href="mailto:purchasing@uca.edu">purchasing@uca.edu</a></b>  <b>Contact Accounts Payable at <a href="mailto:apstaff@uca.edu">apstaff@uca.edu</a> to receive payments</b>  <b>by direct deposit</b></p>

Purchasing Review	
Notes (Date/Comment)	
Notes (Date/Comment)	
Purchasing Approval	

**Business Contact Person:** \_\_\_\_\_ **Contact Phone:** (\_\_\_\_) \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_ **Business Phone#:** \_\_\_\_\_

**Doing Business As (DBA) (if applicable):** \_\_\_\_\_

**SECTION "A" VENDOR MAILING ADDRESS (Required)**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Foreign Zip Code:** \_\_\_\_\_

**Fax Number:** (\_\_\_\_) \_\_\_\_\_ **Company Web Address:** \_\_\_\_\_

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

**Section "B" VENDOR REMITTANCE ADDRESS (Required)**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Foreign Zip Code:** \_\_\_\_\_

**Section "C" BUSINESS CLASSIFICATION (SELECT ALL THAT APPLY)**

- |   |  |
|---|--|
| <p>American Indian (AI)___</p> <p>Asian (AS)___</p> <p>Attorney (AT)___</p> <p>Black American (BL)___</p> <p>Corporation (CO)___</p> <p>Company (CP)___</p> <p>Employee Owned (EO)___</p> <p>Foreign (FO)___</p> <p>Hispanic American (HS)___</p> <p>Incorporated (IC)___</p> <p>Limited Liability Corporation (LLC)___</p> | <p>Limited Partnership (LP)___</p> <p>Medical (MD)___</p> <p>Minority Owned (MN)___</p> <p>Nonprofit (NP)___</p> <p>Partnership (PA)___</p> <p>Pacific Islander (PI)___</p> <p>State Agency (SA)___</p> <p>Sole Proprietor (SP)___</p> <p>Veteran Owned (VO)___</p> <p>Women Owned (WO)___</p> |
|---|--|

**Must Answer:**

1. Is the business owner(s) a current University of Central Arkansas student(s)? **Yes** \_\_\_ **No** \_\_\_
2. Is the business owner(s) a past or current University of Central Arkansas employee? **Yes** \_\_\_ **No** \_\_\_

*If yes*, complete the remainder of this section.

**Name & Department:** \_\_\_\_\_

3. **Nepotism:** Do you have any relatives employed by the University of Central Arkansas? **Yes** \_\_\_ **No** \_\_\_
- If yes*, complete the remainder of this section. (This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism).

**Name, Relation, & Department:** \_\_\_\_\_