

PURCHASING USE ONLY

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

UNIVERSITY OF CENTRAL ARKANSAS

Accounts Payable/Vendor Direct Deposit Authorization Form

Vendor ID _____
Internal use only

Vendor Name _____

FIN # _____

Work Phone _____

Fax _____

E-mail _____

<input type="checkbox"/> New enrollment	<input type="checkbox"/> Change in Current Bank and/or Account	<input type="checkbox"/> Cancel Direct Deposit Participation
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I hereby authorize and request UCA to have payment directly deposited to the designated checking or savings account as indicated. I also authorize UCA to initiate any correction (debit) entries to my account, should such entries be necessary. The financial institution named below is also authorized to make the same entries to my account. This authority is to remain in full force and effective until UCA has received written notification from me of its cancellation. I may give such notice at any time, but I must allow UCA a reasonable time after receipt to act upon it. I understand that UCA is not responsible for accuracy of the bank information I have provided and inaccurate information will delay the implementation of my direct deposit.

Please read this section and completely fill out the required information. If you are making a change, you must complete all account information in order of priority.

Please attach a voided check or letter from the bank for the account information listed below.

Bank Name	Bank Routing Number	Account Number	C=Checking S=Savings	
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Vendor Signature

Date

Title of the person signing this form

Changes made to account information must be received by the Accounts Payable 10 working days prior to the expected date of reimbursement/payment.

Please return by USPS to the address below, fax or email to apstaff@uca.edu.

UCA - Accounts Payable
201 Donaghey Ave. McCastlain Basement
Conway, AR 72035

Fax number (501) 450-5319