BUSINESS VENDOR REGISTRATION FORM

Email this form along with W-9 to:

University of Central Arkansas -Procurement Department 201 Donaghey Avenue, Wingo Hall 113 Conway, AR 72035

Phone: 501-450-3173
Email: purchasing@uca.edu

PROCUREMENT USE ONLY		
Procurement Review (initial/date)		
Notes (Date/Comment)		
Procurement Approval (initial/date)		
Vendor Number		

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 RE	MITTANCE ADDRESS (Required)		
Address:	City:	State:	
Zip Code: Country:	Foreign Zip Code:		
Section "C" BUSINESS CLASSIFICATION (SELECT ALL THAT APPLY)			
American Indian (AI) Asian (AS) Attorney (AT) Black American (BL) Corporation (CO) Company (CP) Employee Owned (EO) Foreign (FO) Hispanic American (HS) Incorporated (IC) Limited Liability Corporation (LLC)	Limited Partnership (LP) Medical (MD) Minority Owned (MN) Nonprofit (NP) Partnership (PA)_ Pacific Islander (PI) State Agency (SA) Sole Proprietor (SP) Veteran Owned (VO) Women Owned (WO)		
Must Answer: 1. Is the business owner(s) a current University of Cer 2. Is the business owner(s) a past or current Universit If yes, complete the remainder of this section. Name & Department: 3. Nepotism: Do you have any relatives employed by If yes, complete the remainder of this section. (This query compliance with any applicable law or policy concern Name, Relation, & Department:	the University of Central Arkansas? Yes	No 	