



VENDOR APPLICATION
CITY OF HOT SPRINGS ARKANSAS
PURCHASING OFFICE
P O Box 6300
Hot Springs AR 71902
www.cityhs.net

VENDOR / BUSINESS NAME: _____

DBA: _____

Address: _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Fax #: _____ Website: _____

Product / Service offered: _____

Entity Type:

- Sole Proprietorship Partnership Corporation Other

If Other Describe Here: _____

If Corporation, State incorporated in: _____

DBE/WBE Certified (by Government Agency): Yes No

If certified, Certifying Agency: _____

TIN / EIN #: _____ SSN #: _____

Subject to backup withholding: Yes No Unknown

Hold Arkansas Sales Tax Permit: Yes No

If yes, #: _____

Length of time you've been providing the product/service above: _____

Require hard copy of purchase order: Yes No

In accordance with IRS regulations and rules, failure to provide all information or to return the attached IRS W-9 form (if attached) may prevent the application being processed, cause payment to you to be withheld until such information is received, or subject you to backup withholding.

Printed Name

Signature

Date