



For internal use only:  
Supplier No.

# Supplier Application

**Instructions:** Please complete and return the Supplier Application along with a signed W-9. Supplier Application and W-9 should be returned by email to [peggy.jackson@uaccb.edu](mailto:peggy.jackson@uaccb.edu) or mailed to Attn: Procurement, PO Box 3350, Batesville, AR 72503.

**New Supplier**

**Existing Supplier – Update Record**

**Supplier’s Name:** \_\_\_\_\_

**DBA (If applicable):** \_\_\_\_\_

**Federal Taxpayer Identification (TIN):** \_\_\_\_\_

**Email Address to Receive Purchase Orders:** \_\_\_\_\_

**Short Description of Your Goods or Services:** \_\_\_\_\_

**Supplier’s Address** (*mailing address for warrant check and must be reflected on the billing invoice*):

Street: \_\_\_\_\_

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

**Physical Address** (*if different than above address*):

Street: \_\_\_\_\_

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

Country (*if outside US*): \_\_\_\_\_

**Supplier’s Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

**Arkansas Minority Indicator (check only one):**

- Hispanic American
- African American
- Asian American
- Native American
- Pacific Islander
- Woman-Owned
- Service-Disabled Veteran

**Legal Status (check only one):**

- Corporation
- Individual/Sole Proprietor
- Partnership
- Non- or Not-for-Profit
- Foreign Corporation

**Arkansas Minority/Service-Disabled Certificate Number:** \_\_\_\_\_

**Certification:** I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with University of Arkansas Community College at Batesville.

**Yes                      No**

Under penalties of perjury, I certify that the information provided above is true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date