



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 [procurement@ualr.edu](mailto:procurement@ualr.edu) or mailed to Attn: Procurement Services, 2801 S. University Ave., Little Rock, AR 72204.

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: \_\_\_\_\_

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

**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: \_\_\_\_\_

**Direct Deposit:**       Yes (see instructions below)       No (Warrant check will be issued)

A copy of a voided check and a completed [Authorization for Supplier Direct Deposit](#) form is required to activate direct deposit payments.

**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 Veteran 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 UA Little Rock.       Yes       No

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date