



# CITY OF BENTON, ARKANSAS

Administrative Services  
410 River Street  
Benton, AR 72015  
(501) 776-5900



## VENDOR APPLICATION

VENDOR / BUSINESS NAME: \_\_\_\_\_

DBA (Doing Business As): \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TIN / EIN: \_\_\_\_\_ SSN: \_\_\_\_\_

Only list the tax ID # that you use to file your taxes with on the listed vendor/business above.

Address: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Web: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Product / Service offered: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
Other (identify) \_\_\_\_\_

If Corporation, State incorporated in: \_\_\_\_\_

Are you a 1099 vendor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which version? \_\_\_\_\_ NEC (individual, sole proprietorship, partnership)  
\_\_\_\_\_ MISC (Medical/health care payments, Proceeds to attorney, etc)

Are you or any member of your household an employee of the City of Benton? \_\_\_ Yes \_\_\_ No

If yes, please list the name: \_\_\_\_\_

In accordance with IRS regulations and rules, failure to provide all information or failure 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*.

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Date**