



CITY OF BENTON, ARKANSAS

Administrative Services

114 S. East 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: _____

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

If certified, Certifying Agency: _____

Do you want to be a 1099 vendor?

_____ Yes _____ No If yes, which version? _____ NEC _____ MISC

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

If yes, please list the name(s): _____

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

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*.

Signature

Printed Name

Date