



Purchasing Vendor Maintenance Request Form

Use this form to request vendor maintenance for vendors that can be issued a contract or purchase order.

Maintenance Type

Select one of the three maintenance types listed below. Enter the vendor number if a change or deletion is needed.

☐ **Create a new vendor record.**

☐ **Specify the vendor account number you want changed.**

☐ **Specify the vendor account number you want deleted.**

Account Group

- | | | |
|--|------|---|
| <input type="radio"/> Standard Goods / Service: | VEND | <ul style="list-style-type: none">Providers of general goods and services.Nine-digit account number that begins with a one. |
| <input type="radio"/> Not for Profit: | NTFP | <ul style="list-style-type: none">Not for profit vendors as designated by IRS 501(c) 3 letter or publication 78.Nine-digit account number that begins with a six. |
| <input type="radio"/> Agency: | AGCY | <ul style="list-style-type: none">Arkansas State agencies and institutions of higher education.Examples include Henderson State University and the Arkansas Department of Transportation.Ten-digit account number that begins with 99, and the third through sixth digit of the account number will be the agency's business area number. |
| <input type="radio"/> Arkansas City/ County: | LGVT | <ul style="list-style-type: none">Arkansas cities and counties.Examples include city and county utility, fire, and police departments.Nine-digit account number that begins with an eight. |
| <input type="radio"/> Arkansas Government (Not City/County): | OGVT | <ul style="list-style-type: none">Government entities that are at least partially funded by the State of Arkansas, not including city or county offices.Examples include Omaha Arkansas Volunteer Fire Department and Northeast Arkansas Wastewater AssociationSeven-digit account number that begins with a four. |
| <input type="radio"/> Federal/ Another State's Agency or Institution of Higher Education: | GOVT | <ul style="list-style-type: none">Government entities from other states or federal agencies.Examples include Washington State Patrol and United States Department of Agriculture.Nine-digit account number that begins with a five. |
| <input type="radio"/> Foreign: | FRGN | <ul style="list-style-type: none">Vendors outside the United StatesExamples include vendors located in Canada and United States territories.These vendors complete a W-8BEN instead of a W-9Nine-digit account number that begins with a seven. |
| <input type="radio"/> Public School: | PFSC | <ul style="list-style-type: none">Arkansas public school districts, education co-ops, State charter schools.Nine-digit account number that begins with a 3, and the second through eighth digit is a local education agency (LEA) number from the Department of Education. |

Tax Information

Enter the vendor's federal [Employer Identification Number \(EIN\)](#) if the vendor needs one per the IRS. If the vendor does not need one per the IRS, enter their Social Security Number (SSN).

EIN **SSN**

Vendor Address Information

The vendor must provide a street address and/or PO box address for payment, shipping, and handling.

- If this is a request for a new record, enter the information in the *New* column.
- For a changed record, enter the prior information in the *Previous* column and new information in the *New* column.
- For a deletion, enter the information in the *Previous* column.

Each of the name fields has a 40-character limit. The street fields have a 60-character limit.

Previous (if requesting change or deletion)

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address Line 2 (e.g., Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

New

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address Line 2 (e.g., Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

Vendor Contact Information

Salesperson (Optional)

Telephone Number

Fax Number

Email Address

Payment Type

Select the payment type that you want to use. Direct deposit payments require additional documentation from the vendor.

☐ Check or Warrant ☐ Direct Deposit

Direct Deposit Information

Payment via direct deposit is encouraged. Please provide one of the following to validate ownership of the bank account:

- A copy of a voided, pre-printed check (cannot be a temporary check).
- A letter from the vendor's bank on bank letterhead. The letter must indicate account holder, bank routing number, bank account number, and it must be signed by a banking official, and preferably including title and contact information.
- A bank "Authorization for Direct Deposit" or similar bank-generated form. The form must indicate account holder, bank routing number, bank account number.

The submitted document must contain all the following information:

- Account holder's name
- Account number
- Routing number

Direct Deposit Maintenance Type: ☐ Add ☐ Cancel

Bank Name

Bank Routing # Bank Account #

Account Holder

Account Type: ☐ Checking ☐ Savings

Direct Deposit Maintenance Type: ☐ Add ☐ Cancel

Bank Name

Bank Routing # Bank Account #

Account Holder

Account Type: ☐ Checking ☐ Savings

1099 Reportable

See the [1099 Guidelines and Instructions](#) provided by the DFA Office of Accounting.

Exemption Code:

AASIS Partner Information

Leave these fields blank if you do not have Partner Information. If you use another vendor record for the vendor's address, check Physical Address or Payment Address and provide the vendor number.

☐

Physical Address

☐

Payment Address

Partner Vendor Number

Minority Certification

The Arkansas Economic Development Commission (AEDC), Minority and Women-Owned Business Enterprise (MWBE) division will designate vendors as minority, women-owned, or service-disabled veteran-owned business enterprises. If you have questions about this designation or need a designation added/updated, contact the MWBE division of AEDC at VendorMaintenance@ArkansasEDC.com.

Agency Contact Information

Requester's Name

Email

Telephone #

Fax #

Agency Name

Purchasing Org. #

Agency Address

City

State

Zip Code

Requests for vendor maintenance should be emailed from the Agency Reviewing Official to AASIS-OSP@Arkansas.gov. A hardcopy [W-9](#), with pen & ink signature, is required and MUST be attached with this form.