



## 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

**Standard Goods / Service:**

VEND

- Providers of general goods and services.
- Nine-digit account number that begins with a one.

**Not for Profit:**

NTFP

- Not for profit vendors as designated by IRS 501(c) 3 letter or publication 78.
- Nine-digit account number that begins with a six.

**Agency:**

AGCY

- 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.

**Arkansas City/ County:**

LGVT

- Arkansas cities and counties.
- Examples include city and county utility, fire, and police departments.
- Nine-digit account number that begins with an eight.

**Arkansas Government (Not City/County):**

OGVT

- 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 Association
- Seven-digit account number that begins with a four.

**Federal/ Another State's Agency or Institution of Higher Education:**

GOVT

- 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.

**Foreign:**

FRGN

- Vendors outside the United States
- Examples include vendors located in Canada and United States territories.
- These vendors complete a W-8BEN instead of a W-9
- Nine-digit account number that begins with a seven.

**Public School:**

PFSC

- 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**

**Salesperson Name**

**Telephone Number** **Fax Number**

**Corporate Email Address**

**Salesperson Email Address**

### *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**

**Salesperson Name**

**Telephone Number** **Fax Number**

**Corporate Email Address**

**Salesperson Email Address**

### Direct Deposit Information (REQUIRED)

The State of Arkansas is transitioning to electronic payments. The vendor will need to provide a bank account for receiving payments. 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 including the banking official's signature and contact information.
- A bank "Authorization for Direct Deposit" or similar bank-generated form.

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

### **Email Address to send Remittance Advice (REQUIRED):**

(The remittance advice provides detailed information about the payment)

Remittance Advice Email Address:

## 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](mailto: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](mailto:AASIS-OSP@Arkansas.gov). A hardcopy [W-9](#), with pen & ink signature, is required and MUST be attached with this form.