

**VENDOR APPLICATION FORM** - PULASKI COUNTY SPECIAL SCHOOL DISTRICT

1101-A EAST DIXON ROAD, LITTLE ROCK, AR 72216-8601; Phone: 501-234-2000; Fax: 501-490-8639

**No payments will be released until this form is received and the information has been verified.  
If Sole Proprietorship or Individual, start on Item 1; otherwise start at Item 2. (Please Print or Type)**

1. \_\_\_\_\_  
Last Name MI First Name
2. \_\_\_\_\_  
Business Name
3. \_\_\_\_\_  
Address
4. \_\_\_\_\_ 5. \_\_\_\_\_  
City State Zip Code E-mail address
6. \_\_\_\_\_  
Contact Name
7. Phone: (\_\_\_\_\_) - \_\_\_\_\_ 8. Fax: (\_\_\_\_\_) - \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMER (TIN):**

Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

(For Corporations, Trusts, Estates, Pension Trust, Associations, Clubs, Religious, Charitable, Educational, or other tax-exempt organizations, Partnerships, Brokers or registered nominees, Sole Proprietorships)

Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(For Individuals and Sole Proprietorships)

Legal Name of Entity that appears on your Federal Tax Return (This should correspond with the EIN or SSN provided above) \_\_\_\_\_

9. LEGAL STATUS: Check only one (1)
- |   |  |
|---|--|
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Non or Not For Profit |
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Non-Resident Alien    |
| <input type="checkbox"/> Partnership                | <input type="checkbox"/> Foreign Corporation   |
10. INDIVIDUAL STATUS: Check only one (1)
- |  |  |
|--|--|
| <input type="checkbox"/> U.S. Citizen                                  | <input type="checkbox"/> I am NOT a U.S. Citizen |
| <input type="checkbox"/> I am a permanent resident (green card holder) |  |
11. Preferred delivery method of Purchase Orders:  
E-mail to: \_\_\_\_\_ or Fax to (\_\_\_\_\_) - (\_\_\_\_\_) - \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**(Fax Completed Form to: 501-490-8639 or mail to address listed above)**