

Lonoke School District

401 W. Holly St., Lonoke, AR 72086

Phone: (501) 676-2042 Fax: (501) 676-7074

VENDOR APPLICATION FORM

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

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

TAXPAYER IDENTIFICATION NUMBER (TIN):

Employer Identification Number (EIN): _____ - _____

(For Corporations, Trust, Estates, Pension Trust, Associations, Clubs, Religious, Charitable, Educational, Partnerships, Brokers or Registered Nominees.

Sole Proprietorships or other tax-exempt organization.)

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)



Corporation



Individual/Sole Proprietor



Partnership



Non or Not For Profit



Non-Resident Alien



Foreign Corporation

10. INDIVIDUAL STATUS: Check only one (1)



U.S. Citizen



I am a permanent resident (green card holder)



I am NOT a U.S. Citizen

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

Signature

Title

Printed Name

Date