

City of Bentonville
Purchasing Office
117 West Central
Bentonville, AR 72712-5256

City of Bentonville
Vendor List
Application

Katherine N. Bertschy
Purchasing Agent
email:kbertschy@bentonvillear.com

<input type="checkbox"/> NEW		<input type="checkbox"/> UPDATED APPLICATION		EMAIL:	
Date:	Federal ID# or Social Security #	Vendor Phone #	Vendor Fax #		

MAILING ADDRESSES					
BIDDING FORMS AND PURCHASE ORDERS			PAYMENTS		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:

ORGANIZATION TYPE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NONPROFIT ORGANIZATION
NUMBER YEARS IN BUSINESS? _____	<input type="checkbox"/> CORPORATION (STATE _____)	<input type="checkbox"/> GOVERNMENT AGENCY	

CONTACT PERSONS FOR PRICE QUOTES OR FORMAL BID		
NAME	TITLE	PHONE # WITH AREA CODE
		()
		()
		()
		()

TYPE OF BUSINESS			
<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> RETAIL DEALER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OTHER
<input type="checkbox"/> FACTORY	<input type="checkbox"/> WHOLESALE DEALER	<input type="checkbox"/> SERVICE ESTABLISHMENT	

PLEASE DEFINE:

IF APPLICABLE, CHECK ONE OR MORE BELOW. IF YOUR BUSINESS IS CERTIFIED AS AN MBE/WBE BY ANY AGENCY, PLEASE INCLUDE A COPY OF YOUR CERTIFICATION FORM.

- WOMEN OWNED BUSINESS MINORITY OWNED BUSINESS
- HANDICAPPER OWNED BUSINESS

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT

PRINT OR TYPE NAME AND TITLE SIGNATURE

FOR CITY OF BENTONVILLE USE ONLY:

COM	SUB-COM
-----	---------