

Attachment A



Department of Finance and Administration
Office of State Procurement
Vendor Maintenance Request - Form OSPV100

Choose One:

- NEW
- CHANGE Vendor Number:
- DELETE Vendor Number:

ACCOUNT GROUP

- Standard Goods/Service Vendor
- Payroll/Garnishment/Benefit Vendor
- Board
- Agency

TAX INFORMATION

Tax ID:

Social Security Number:

VENDOR ADDRESS INFORMATION

PREVIOUS

Vendor's Name:

Name Continued:

DBA:

Address:

Address Continued:

City:

State: Zip Code:

NEW

Vendor's Name:

Name Continued:

DBA:

Address:

Address Continued:

City:

State: Zip Code:

VENDOR CONTACT INFORMATION

Salesperson (Optional):

Telephone Number: Fax Number:

Email Address:

DIRECT DEPOSIT INFORMATION (Enter only if required by Vendor)

Please submit a copy of the voided check.

Add Change Cancel

Bank Name: Account Type: Checking Savings

Bank Routing #: Bank Account #:

Account Holder:
 (List Bank Acct. holder, if different from Vendor)

PAYMENT TERMS

Payment Terms:

1099 REPORTABLE

Exemption Codes:

DISABLED WORK CENTER

Check here if vendor is a licensed or certified work center.

PARTNER INFORMATION

Partner Vendor Number:

Physical Address Remittance Address

AGENCY CONTACT INFORMATION

Requester's Name:

Email Address:

Telephone #: Fax #:

Purchasing Org. #: Agency Name:

Agency Address:

City: State: Zip Code:

Check here if agency has a hard copy of W-9.

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 minority 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.

