



CONVENTION &
VISITORS BUREAU

Vendor Application

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Name of Company

Company's Legal Name

Address

City, State, Zip Code

Telephone Number

Facsimile Number

Company E-mail Address

Contact Name (Please Print)

Phone Number

Fax Number

Email Address

FEDERAL TAXPAYER ID NUMBER: _____

Arkansas Sales Tax No. _____

Proposer certifies it is a: Proprietorship Partnership Corporation

Minority or woman owned business: Yes No

Areas of Expertise: _____

Licenses and Permits: _____

Products: _____

Services: _____



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REFERENCES

Each Vendor is to provide a minimum of three (3) verifiable references for which the Vendor has completed similar projects.

Company Name:
Address:
Contact Person:
Telephone:
Product Purchased by Reference:

Company Name:
Address:
Contact Person:
Telephone:
Product Purchased by Reference:

Company Name:
Address:
Contact Person:
Telephone:
Product Purchased by Reference:

RELATIONSHIP DISCLOSURES

Vendor shall disclose any relationship to any LRCVB officer, employee, commissioner, or representative whether it is ownership, business relationship, family, etc. LRCVB must have adequate information to determine if any potential conflict may exist. If no relationship exists, Vendor must state none. The failure to complete this disclosure will result in rejection of the application.

Table with 2 columns: Name, Relationship. Includes three horizontal lines for data entry.