HINDS COMMUNITY COLLEGE
PURCHASING DEPARTMENT
P.O. BOX 1100 RAYMOND, MISSISSIPPI 39154
PHONE: (601) 857-3368 or (601) 857-3622 FAX: (601) 857-3566

VENDOR REGISTRATION FORM
Please type or print this form.

Please complete all pages of this application. If a question does not apply, insert "N/A".
Return by fax to: PURCHASING at (601) 857-3566

Business Name: ________________________________

(TYPE OR PRINT ONLY)

Telephone # for Orders: __________________________

Telephone # for Accounting: _______________________

Fax # for Orders: _________________________________

Fax # for Accounting: ______________________________

E-Mail Address for Orders: _________________________

Web Site: _________________________________

EEO CODE (Check One)

*Required Information – Do not leave blank – Attach copy of State or Federal Certification Letter*

____ Large Business

____ Hub Zone (certification #) _______________________

____ Small Business

____ Small Disadvantaged Business

____ Veteran Owned Small Business

____ Service-Disabled Veteran Owned Small Business

____ Woman-Owned

____ Consultant: Male____ Female____

____ Non-Profit

If you have documents regarding your small business certification, or registration, or other business type, please fax a copy with this form.

Freight Terms: Vendor pays freight? _____ Absorb _____ Add

Payment Terms: ____________________ Discount percent: _______% Days____

Does your company accept purchase orders? ________________________________

Who is your Hinds CC Purchasing Contact? ________________________________

Can you establish multiple ship-to points for this account? __________________

*What will be our Hinds CC Customer Account #? _______________________

Note – All authorized purchases for Hinds Community College must be billed on
one account, regardless of the ship-to location.
Hinds Community College
REQUEST FOR TAX IDENTIFICATION INFORMATION

A. This section is to be completed only by Individuals or Sole Proprietorships.

Individual's Name: ________________________________

Doing Business As: ________________________________
(If Applicable)

Mailing Address: ________________________________ Physical Address ________________________________

______________________________

Remittance Address: ________________________________

Social Security Number ________________________________

CERTIFICATION: Under penalties of perjury, I certify that (1) the number reported on this form is a correct taxpayer identification number and (2) I am not subject to backup withholding.

Signature: ________________________________ Date: ________________________________

Phone/Fax ________________________________ /

B. This section is to be completed by businesses other than Individuals or Sole Proprietorships.

Business Name: ________________________________

Doing Business as: ________________________________
(Other name business is known by)

Mailing Address: ________________________________ Physical Address ________________________________

______________________________

Remittance Address ________________________________

Federal Employer Identification Number: ________________________________

CERTIFICATION: Under penalties of perjury, I certify that: (1) the number reported on this form is a correct taxpayer identification number and (2) I am not subject to backup withholding.

Signature: ________________________________ Date: ________________________________

Title ________________________________ Phone/Fax ________________________________ /