



Office of Purchasing
10910 Clarksville Pike, Ellicott City, Maryland 21042
(410) 313-6644, fax (410) 313-6789

Supplier Registration Application

Supplier Information NOTE: Supplier name and ID number must be as filed with the Internal Revenue Service (IRS)

Legal Business Name: _____

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Customer Service/Sales Contact Person: _____

Phone: _____ Fax: _____

Mailing Address for **Purchase Orders** (if other than above):

Website Address for emailing Purchase Orders (if applicable): _____

Number of Years in Business: _____ Net Worth: _____ Gross Sales: _____

Type of Ownership (Check One)

Corporation Partnership Sole Proprietor Non-Profit Limited Liability Corporation (LLC)

Federal Tax ID Number: _____ State Incorporated: _____

Tax and 1099 Information

DUNS#: _____ 1099 Vendor: Yes No

Taxpayer/Employee Identification Number (TIN/EIN/SSN): _____

Remit To for Accounts Payable (If different from above)

Supplier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Minority Business Classification (Mark all that apply)

African American Alaska Native Asian American Disabled
 Native American Hispanic American Woman None
 Are you certified by the State of Maryland as a Minority Business Enterprise (MBE) Entity: Yes No
 If yes, Maryland Department of Transportation Certification #: _____

Type of Business and/or Service (Please check only one box that best indicates type of business)

- | | |
|--|---|
| Administrative, Financial, Benefits & Management Services | Medical/Health Equipment, Supplies & Services |
| Arts, Crafts, Music, Entertainment & Theatre | Miscellaneous Commodities & Services |
| Assessments, Surveys, Testing & Sampling Equipment & Services | Office Supplies, Related Items & Services |
| Athletic – Physical Education & Other Outdoor Equipment & Services | Paper, Printing Equipment & Related Products & Services |
| Clothing, Textiles & Related Supplies | Personnel & Related Services |
| Communication, Networking Equipment & Services | Professional Development - Training Services |
| Computers, Software, Supplies & Services | Professional Services – Architectural, Engineering, Legal & Other Consulting Services |
| Construction – New & Renovation | Rental & Leasing Services |
| Curriculum – Textbooks, Instruction & Related Services | Roadway Materials & Related Equipment |
| Custodial – Janitorial & Cleaning Equipment, Supplies & Services | Safety, Environmental & Protection Equipment & Related Services |
| Data Management & Related Services | School & Library Equipment, Supplies & Services |
| Electric, Natural Gas, Water and Sewer & Related Services | Science/Laboratory Equipment, Supplies & Services |
| Food, Appliances, Other Equipment, & Related Services | Special Education Related Services |
| Furniture & Related Services | Transportation Services |
| Grounds – Agricultural Equipment & Related Products & Services | Vehicles, Automotive Products & Services |

Certification

I/We, the undersigned, hereby certify that the information contained on this application is true and correct statement of facts. I/We further certify that the undersigned shall abide by and be subject to all applicable federal, state, and local laws and regulations pertaining to any subsequent contract that may be issued.

Typed Name: _____ Title: _____

Signature: _____ Date: _____

Return this form to:

Howard County Public School System
Purchasing Office
10910 Clarksville Pike
Ellicott City, MD 21042

Fax: 410 313 6789
Email: Purchasing@hcpss.org

Please attach or send a current IRS W-9 Tax Form