Howard County Public School System Supplier Registration Page

If you are not already on the landing page, please copy the following into your browser: https://wd1.myworkdaysite.com/supplier/hcpss/HCPSs_Supplier_Registration

Note: This registration is only to be used by suppliers that have been notified or informed that they will do business with the Howard County Public School System (HCPSS).

Suppliers interested in participating in the bid/competitive process should register with eMaryland Marketplace at <u>https://emaryland.buyspeed.com/bso/</u>

On the Supplier Registration landing page, click on the "Sign In" button that is in the top right hand corner. From there you will want to select the "Create Account" option. There is no *Save for Later* feature, so you will have to complete the whole registration form to submit.

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elcome to the Howard County Public So	chool System				
ease click on the "Sign In" button in the top rig ed to reach the HCPSS Purchasing Page plear r instructions to help guide you thru the proce				8	vard County Public School System. If you
		Sign In			
	Email Address				
	Password				
		Sign In			
	Create Account		Forgot Password		

In the Create Account screen, you will enter an email address and password to set up the account.

After you have successfully created your account, click on the "Home" button to reach the Registration Home Page where you will see notes on the left hand side that are helpful reminders to ensure your registration goes smoothly. Then click on the "Register" button in the middle of the page to begin the actual registration process.



Business Information

	Sign In
Business Information	
Business Details Business Name * Supplier Category * Supplier Group Tax ID	
Payment Types Accepted Payment Types * Default Payment Type: *	

Complete the following sections as they apply to your company. Anything that has a red star (*) is mandatory and must be accurately completed.

Business Name: Enter the legal name of your company

<u>Supplier Category</u>: Select the appropriate category.

Digital Tools- any website, application or software that requires an account.

All Supplier Categories- if none of the other options apply.

Supplier Group: Select all that apply
<u>Tax ID</u> : Enter you company's Tax ID
Accepted Payment Types: Please only choose ACH or Check
Default Payment Terms: Choose the payment type you prefer
Accept All Currencies: Leave blank
Accepted Currencies: Type "USD"
Default Currency: USD
Add Primary Phone: Check the box
<u>Phone Number</u> : Complete box
<u>Phone Device</u> : Select Type of Phone
Email Address: Complete box – all email correspondence will be issued to this address
Website URI : Optional
<u></u>
Remit to Address-Country: Select appropriate country
Remit to Address-Country: Select appropriate country Address Line
Remit to Address-Country: Select appropriate country Address Line City
Remit to Address-Country: Select appropriate country Address Line City State
Remit to Address-Country: Select appropriate country Address Line City State Postal Code
Remit to Address-Country: Select appropriate country Address Line City State Postal Code Mailing Address-Country: Select appropriate country
Remit to Address-Country: Select appropriate country Address Line City State Postal Code Mailing Address-Country: Select appropriate country Address Line
Remit to Address-Country: Select appropriate country Address Line City State Postal Code Mailing Address-Country: Select appropriate country Address Line City
Remit to Address-Country: Select appropriate country Address Line City State Postal Code Mailing Address-Country: Select appropriate country Address Line City State

Classifications (Optional)

-		
0 0	Classifications	0
	Classifications Add	

Click on the "Add" button to select any classifications you wish to denote.

Click on the blank box and search for United States of America.

Select a classification status if it applies. Otherwise remove the field and click on "Next" to move to the next page.

Banking and Payments

0		Banking	and Payments	
	Account Information			
	Payment Types			
	Account Details Country select one	v		

Account Nickname: Enter what you want your specific banking information to be called

Payment Types: Select "ACH"

<u>Country</u>: United States of America

Account Type: Savings or Checking

Bank Name

Routing Transit Number

Account Number

Bank Identification Code: Optional

Bank Instructions: Optional

Contact Information (Optional)

	(Contact Informa	ion	
6				0
Le	gal Name			
Cou	intry			
s	elect one 🗸 🗸			
Ado	l Primary Phone			
Em	ail Address			
M	ailing Address			
Сон	intry			

Country: United States of America

<u>First Name</u>

<u>Last Name</u>

Add Primary Phone: Check the box

Phone Number: Complete box

<u>Phone Device</u>: Select Type of Phone

Email Address: Complete box

Mailing Address-Country: Select appropriate country

Address Line

City

State

Postal Code

Attachments (Required)

3						
Ple	ase upload either l	DOC, DOCX,	Drop files here or Select files	The types (TUMB	max)	

Please upload your W-9 and any other pertinent data that you believe HCPSS will need to process your request.

Signature



Accept Supplier Registration Disclaimer: Check the box

Signature: Complete

Summary



Review your data and click the "Submit" button to finalize the Supplier Registration.