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 https://emaryland.buyspeed.com/bso/

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.

![Supplier Registration Page](image)

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.
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

**Supplier Category:** 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
Tax ID: 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
Phone Number: Complete box
Phone Device: Select Type of Phone
Email Address: Complete box – all email correspondence will be issued to this address
Website URL: Optional
Remit to Address-Country: Select appropriate country
Address Line
City
State
Postal Code
Mailing Address-Country: Select appropriate country
Address Line
City
State
Postal Code

Classifications (Optional)
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**

- **Account Nickname**: Enter what you want your specific banking information to be called
- **Payment Types**: Select “ACH”
- **Country**: 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)**

Country: United States of America

First Name

Last Name

Add Primary Phone: Check the box

Phone Number: Complete box

Phone Device: Select Type of Phone

Email Address: Complete box

Mailing Address-Country: Select appropriate country

Address Line

City

State

Postal Code

**Attachments (Required)**
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.