

SUPPLIER REGISTRATION FORM

For HindsCC Use Only:
Supplier #
Enter Date
Initials
Comments

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 or email to Purchasing@hindscc.edu

Business Name:
Telephone # for Orders:
Telephone # for Accounting:
Fax # for Orders:
Fax # for Accounting:
Email for Orders:
Website:

EEO CODE (Check all that apply)

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:
Non-profit	

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

Freight Terms: Vendor pays freight?	Absorb	Add		
Payment Terms:	Discount Percent:	%	Days	
Does your company accept purchase or	ders?			
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

Purchasing Department | PO Box 1100 | Raymond, Mississippi 39154 | 601.857.3368 or 601.857.3842



REQUEST FOR TAX IDENTIFICATION INFORMATION

ndividual's Name:	
Doing Business As: (If Applicable)	
Mailing Address:	
Remittance Address:	
Social Security Number:	
CERTIFICATION : Under penalties of perjutaxpayer identification number and (2) I am	ry, I certify that: (1) the number reported on this form is a correct not subject to backup withholding.
Signature:	Date:
	usinesses other than Individuals or Sole Proprietorships.
A. This section is to be completed bu Business Name: Doing Business As:	
A. This section is to be completed by Business Name: Doing Business As: (Other name Business is known by)	usinesses other than Individuals or Sole Proprietorships.
A. This section is to be completed by Business Name: Doing Business As: (Other name Business is known by) Mailing Address:	usinesses other than Individuals or Sole Proprietorships.
A. This section is to be completed by Business Name: Doing Business As: (Other name Business is known by) Mailing Address: Remittance Address:	usinesses other than Individuals or Sole Proprietorships.
A. This section is to be completed by Business Name: Doing Business As: (Other name Business is known by) Mailing Address: Remittance Address: Federal Employer Identification Numbe CERTIFICATION: Under penalties of perju	Usinesses other than Individuals or Sole Proprietorships.
A. This section is to be completed by Business Name: Doing Business As: (Other name Business is known by) Mailing Address: Remittance Address: Federal Employer Identification Numbe CERTIFICATION: Under penalties of perjutaxpayer identification number and (2) I am	Usinesses other than Individuals or Sole Proprietorships.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

rpe. ions on page 3.	2 Business name/disregarded entity name, if different from above 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check of following seven boxes. Individual/sole proprietor or Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)	
Print or type. fic Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnershi Note: Check the appropriate box in the line above for the tax classification of the single-member owner. LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-m is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)	
Р Specific	Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)	
See Sp			nd address (optional)
0,	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social sec	curity number

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
backup withholding. For individuals, this is generally your social security number (SSN). However, for a	
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a	
TIN, later.	or
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of	
Here	U.S. person ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

•	Form	1099-INT	(interest	earned	or	paid
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• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

Date •

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Supplier Authorization for Direct Deposit Form

Supplier Name			
Address			
City		State	Zip
Hinds ID No.			
The Su	oplier ha	s the right to modify or rescind the autho	prization at anytime
This is an authorizatio	n to (ple	ase check one):	
Establish New Accoun	t	Change Financial Institution	Cancel Authorization
		r financial institution if you need assistance with t payments can only be applied to accounts at dom	-
Bank Name		City	State
TYPE OF ACCOUNT – F	PLEASE C	HECK ONE:	
Checking or Money M	arket Ac	count (Attach a voided chec	k to verify account information)
Savings Account	_		
TRANSIT ROUTING (A	3A)		
ACCOUNT NUMBER			
I hereby authorize:	 hereby authorize: (1) Hinds Community College to deposit my funds via Direct Deposit, (2) My financial institution to credit my account, and (3) Hinds Community College to initiate and my financial institution to Make adjustments to my account for any incorrect credits/payments 		
		Which may occur. In effect until cancelled in writing. A new unt, close my account, or change financi	
Signature			Date
Email			Phone
Return to Hinds Comm P.O. Box 1100 Raymond MS 39154 Email to Purchasing@		ollege edu or fax 601-857-3566	(STAPLE VOIDED CHECK)