



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@hindsc.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
Small Business
Veteran Owned Small Business
Woman-Owned
Non-profit
Hub Zone (certification #)
Small Disadvantaged Business
Service-Disabled Veteran Owned Small Business
Consultant:

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 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.



## 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: \_\_\_\_\_

**A. This section is to be completed 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: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_





Supplier Authorization for Direct Deposit Form

Supplier Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hinds ID No. \_\_\_\_\_

*The Supplier has the right to modify or rescind the authorization at anytime*

This is an authorization to (please check one):

Establish New Account \_\_\_\_\_ Change Financial Institution \_\_\_\_\_ Cancel Authorization \_\_\_\_\_

Please contact your financial institution if you need assistance with the following information.  
Note that Direct Deposit payments can only be applied to accounts at domestic (U.S.) financial institutions.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

TYPE OF ACCOUNT – PLEASE CHECK ONE:

Checking or Money Market Account \_\_\_\_\_ (Attach a voided check to verify account information)

Savings Account \_\_\_\_\_

TRANSIT ROUTING (ABA) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

I 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.

This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Return to Hinds Community College

P.O. Box 1100

Raymond MS 39154

Email to [Purchasing@hindsc.edu](mailto:Purchasing@hindsc.edu) or fax 601-857-3566

(STAPLE VOIDED CHECK)