



HINDS COMMUNITY COLLEGE

VENDOR REGISTRATION FORM

Please Type or Print Legibly

Company Name: _____

Other Names/Divisions of the Company: _____

Federal Tax ID Number: ____ - ____ - ____ - ____ - ____ - ____

Social Security Number: ____ - ____ - ____ - ____ - ____ - ____

(Enter social security number ONLY if your business does not have a federal tax id number)

Minority Owned Business: (Circle One) YES NO

Address to Deliver Purchase Orders to:

Street/PO Box: _____
City, State, Zip: _____
Contact Person: _____
Telephone: _____
Fax: _____

Remittance Address:

Street/PO Box: _____
City, State, Zip: _____
Contact Person: _____
Telephone: _____
Fax: _____

Company Information Submitted by:

Print Name: _____
Title: _____
Signature: _____
Date: _____

Please return to: Hinds Community College
 Purchasing Department
 PO Box 1100
 Raymond, MS 39154
 601-857-3566 fax
 601-857-3368 phone