



VENDOR INFORMATION SHEET

New vendors with Howard Community College are required to provide the following information **as well as a W-9 form**.

PURCHASE ORDER ADDRESS:

Firm Name: _____ Contact Name: _____

Federal Tax Identification or Social Security No.: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

REMITTANCE ADDRESS (if different than above):

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

MINORITY OWNERSHIP (if applicable):

Is the company a certified Minority, Female, or Disabled-Owned Business Enterprise? ____ NO ____ YES If "Yes", please answer a. and b.

a. Type of certification: ____ African American ____ Asian American ____ Hispanic American
____ Female ____ Veteran

b. Name of Certifying Agency: _____
(ie., MDOT, City of Baltimore, Howard County, etc)

Certification Number: _____ Expiration Date: _____

ORGANIZATION:

____ Individual (Sole Proprietorship)	____ Wholesale Distributing
____ Partnership	____ Manufacturing or Production
____ Corporation	____ Retail Dealer
____ Joint Venture	____ Service Organization
____ Association	____ Contractor
____ LLC/LPP	____ Other: _____

List category of products or services provided by your firm:

Are your products green: ____ Yes ____ No

CONFLICT OF INTEREST:

Does a current employee or trustee of the College own assets in this firm? ____ Yes ____ No

Is a current employee or trustee of the College, a spouse, parent, child, or sibling of an owner of this firm? ____ Yes ____ No

This form may be emailed to procurement@howardcc.edu or faxed to 443-518-4461

PLEASE REMEMBER TO ATTACH YOUR W-9 WHEN RETURNING THIS FORM