

(601) 968-6534



PURCHASING
Chancery Court Building fax - (601) 968-6544

Vendor Information Packet

We are pleased to acknowledge all companies interested in becoming a vendor with Hinds County. It is the intent of this office to acquaint you with the policies, procedures, and laws which govern our operation and enable us to maintain an equitable relationship with all vendors.

It is the policy and goal of the Hinds County Purchasing Department to provide all vendors a fair, competitive and transparent solicitation process, that encourages an open and fair competitive opportunity to sell equipment, machinery, supplies, commodities, materials, and services to Hinds County.

For your convenience, it is the vendor's responsibility to obtain a Purchase Order number. A Purchase Order number is required before any purchases can be made by Hinds County. Vendors are responsible for remitting proper invoice(s) to the Accounting Department for payment.

If you are interested in being added to Hinds County's Vendor List, please complete the attached Vendor Application, IRS W-9 form and Commodities/Services list.

Included with this packet is Hinds County's Sales Tax Exemption Information and contact information for questions concerning purchases and payments.

Thank you for your interest in Hinds County and we look forward to future opportunities for doing business with your company.

Respectfully.

Chantey Broome
Purchase Clerk



Offic	ial Use Only:	
/endor No		
Date Submited:		

VENDOR APPLICATION

PLEASE TYPE OR PRINT NEA	TLY. APPLICANT MUST COM	PLETE ALL SPACES PROVIDE	O OR APPLICATION WILL BE RETURNED.
	BUSI	NESS INFORMATION	POTENTIAL DE NETURALD.
Business Name:	Type of Business:	Federal Employer ID#	
Physical Address: (Include	Suite/Bldg.No):	City, State	Zip Code:
Mailing Address:(only if diffe	erent from etreet):	Olhi Otata	
		City, State	Zip Code:
Toll Free Number:	Office Number:	Fax Number:	
Occupational License: (if ap (Please attach if available)		onal License:(if applicable)	
Organization: (Check One)Ind			of the state of
Are you a Minority Vendor?	Yes or	No	7 110 01010 01
		CONTACT FOR BIDS C	DP OHOTES
Contact Name:		Contact Email Address:	
Contact Street Address:		City, State	Zip Code
Malling Address for Paymen	ts (Checks)	City, State	Zip Code
Contact Toll Free Number:	Office Number:	Fax Number;	Cell Number: (Optional)
	C.F	ERTIFICATION	
supplied herein, including concern in any connectior or otherwise declared inel supplies, equipments or s	er or an authorized office al pages attached, is con with the applicant as a ligible by the Hinds Coulervices to the Hinds Couler subject to review and or List.	er or agent for the above prect and that neither the principal officer, so far a nty Board of Supervisors unty Board of Supervisor ad investigation prior to	company and that the information a applicant nor any person or s is known, is now debarred from bidding for materials, s or any agency thereof. validation for placement
Print Name Here:		Title:	Date:
		THOUSE THE PARTY OF THE PARTY O	Date.

Form W-9 (Rev, August 2013) Department of the Treasury Internal Revenue Sarvice

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

-									
	Name (as shown on your income tax return)	11	3						
Je 2	Business name/disregarded entity name, if different from above								
0	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership	TrusVe	slate		Exempl	lions (se	e instr	uctions	1):
See Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners)	ership) ► _		_		payes of tion from any)		_	rting
0 0	Other (see instructions)								
pecifi	Address (number, street, and apt. or suite no.)	Reques	ter's na	me ar	nd addre	ass (opt	onal)		
See S	City, state, and ZIP code								
ī	ist account number(s) here (optional)								
Part	Taxpayer Identification Number (TIN)	-							
Enter vo	ur TIN in the appropriate box. The TIN provided must match the name given on the "Name	o" line	Socia	Iseou	rlty nur	mber		_	
to avoid resident	backup withholding. For individuals, this is your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other it is your employer identification number (EIN). If you do not have a number, see How to give	or a			-[-		
Note. If	the account is in more than one name, see the chart on page 4 for guidelines on whose to enter.		Emplo	oyer lo	fentifica	ation nu	mber	TT	
				-					
Part I	Certification								
	enalties of perjury, I certify that:								
	number shown on this form is my correct taxpayer identification number (or I am waiting for	r a numb	er to b	e issu	ed to	me), an	d		
2. Lami Servi	not subject to backup withholding because: (a) I am exempt from backup withholding, or (to clRS) that I am subject to backup withholding as a result of a fallure to report all interest ager subject to backup withholding, and	b) I have i	not be	en no	tified b	y the la	nternal	Reve	nue at I am
3. Iama	a U.S. citizen or other U.S. person (defined below), and								
	ATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is corre	ect.						
Certifica pecause nterest p generally	tion Instructions. You must cross out Item 2 above If you have been notified by the IRS to you have falled to report all interest and dividends on your tax return. For real estate transpald, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification on page 3.	hat you a sactions, i	re curr tem 2 vidual	does	not ap	ply. Fo	r mort	gage IRA), a	and
Sign Here	Signature of	ate >							

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.lrs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. parson (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-0 to request your 'TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident allen.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- · A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

LOCAL BUSINESS DIRECTORY LIST OF COMMODITIES/SERVICES

Sports Equipment
rication Uniform Sales & Service ervices Upholstery Cleaning
ulpment Sales Utility Services
chine Repairs Vending Services
oplies Video Taping Services
Advertising Water Testing Services
Supplies & Services
ducts Well & Pump Repairs
rivices
rmite Control