



**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](mailto:procurement@howardcc.edu) or faxed to 443-518-4461

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