



CLERK OF THE CIRCUIT COURT SUPPLIER REGISTRATION FORM

Return completed form to: Clerk of Circuit Court, Purchasing Department, P.O. BOX 1110, Tampa, FL 33601 or
Email completed form to: purchase@hillsclerk.com

Business name:

Principal Contact:

Type of Organization: ☐ Individual Ownership ☐ Joint Venture ☐ Partnership ☐ Non-Profit Organization
☐ Corporation- If Incorporated, Show State:
☐ Affiliate, subsidiary or division of another company: (Name)

Supplier TIN #:

Briefly Describe type of business/services provided:

MAIL TO ADDRESS:	REMIT TO ADDRESS:
Address 1	Address 1
Address 2	Address 2
City, State, Zip	City, State, Zip
Phone Number/Fax Number	Phone Number/Fax Number

Contact Phone

Contact Email:

Business Website Address:

Certification Information:

Is your Firm certified as a Small Business? ☐ Yes ☐ No

Is your Firm certified as a Minority-Owned Business? ☐ Yes ☐ No

Is your Firm certified as a Woman-Owned Business? ☐ Yes ☐ No

Is your Firm certified as a Veteran-Owned Business? ☐ Yes ☐ No

Is your Firm certified as a Service Disabled Veteran-Owned Business? ☐ Yes ☐ No

Certifying Agency/Agencies (if applicable):

☐ State of Florida - Office of Supplier Development

☐ Hillsborough County

☐ City of Tampa

☐ National Minority Supplier Development Council (NMSDC)

☐ Womens Business Enterprise National Council (WBENC)

☐ National Veteran Business Development Council (NVBDC)

☐ US Small Business Administration (SBA) (a) Program

☐ Other:

Certification Expiration Date(s): _____

I certify that the above information is true and correct to the best of my knowledge:

Signature:

Title:

Date: