



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:

Is your Firm classified as a Minority Business? ☐ Yes ☐ No

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

For the Hillsborough County Minority/Small Business Program please refer to:

[Hillsborough County Minorities, Women and Small Business](#)

Please Attach Any Certifications.

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

Signature:

Title:

Date:

(It is the Supplier's responsibility to promptly notify the Clerk of Circuit Court of any changes to the above information)