



**CLERK OF COURT & COMPTROLLER
SUPPLIER REGISTRATION FORM**

Return completed form to: Clerk of Court & Comptroller, Purchasing Department, PO 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 NumberFax 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)