

VENDOR REGISTRATION

Ingham County Purchasing Department
 121 East Maple Room 203
 PO Box 319
 Mason MI 48854

Phone: (517) 676-7222
 Fax: (517) 676-7230
www.ingham.org/purchasing

****NOTE: W9 MUST ACCOMPANY ALL REGISTRATIONS****

Legal Business Name:	Date:
DBA Name:	Tax ID (EIN OR SS#)
Organization Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	
Website Address:	

Billing Information			
Address:		City:	State:
Zip Code:	Phone #:	Fax #:	Contact Person:
Contact Person's Email Address:			

Purchasing Order Information (if different from billing info)			
Address:		City:	State:
Zip Code:	Phone #:	Fax #:	Contact Person:
Contact Person's Email Address:			

Send Bids To:	E-mail:
Is your business located in Ingham County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, would you like to participate in the Local Purchasing Preference Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Details on-line at www.ingham.org/purchasing/Policies.htm)

Goods and/or Services Provided-please describe _____

Equal Opportunity Employment & Nondiscrimination
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By registering as a vendor with Ingham County, and as a condition of providing goods and/or services to the County, you are certifying that your business will adhere to all Federal, State, and local laws, ordinances, rules and regulations prohibiting discrimination in regard to employees and applicants for employment, and shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privilege of employment, or a matter directly or indirectly related to employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, height, weight, marital status, age or political affiliation (except where age, sex or lack of disability constitutes a bona fide occupational qualification.) Please list on a separate sheet of paper any fines and/or citations your firm has received by any regulatory agency regarding equal opportunity statues, ordinances, rules, regulations or policies.

Signature	Name & Title of Person Signing
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