



**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](mailto: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)*