

# City of Jackson Vendor Application

**Return to:**

City of Jackson  
Purchasing Division  
P.O. Box 17  
Jackson, MS 39205-0017  
Phone: (601) 960-1025  
Fax: (601) 960-1049 or E-mail to: [vendorapp@city.jackson.ms.us](mailto:vendorapp@city.jackson.ms.us)

**Federal Tax ID: #64-6000-503**

[www.jacksonms.gov](http://www.jacksonms.gov)

Dear Vendor:

The City of Jackson would like to thank you for your interest in becoming a vendor. We appreciate and value your business and it is our desire to develop a long term relationship with you. Our goal is for every vendor to be comfortable in knowing how to do business with the city and to assure they will receive payment in a timely manner.

The City of Jackson operates under the mandates of the Mississippi Code, City Policy and City Ordinances. Purchase orders are required for any commodity, material, supply, service and/or equipment involving the City of Jackson. A purchase order is an agreement which defines the terms and conditions of the purchase. It serves as a guarantee to the vendor that funds have been appropriated and upon delivery of goods and/or services a payment will be rendered. **Failure to submit an invoice to Accounts Payable, 200 South President St., Suite 625, Jackson, MS 39201, could result in your not being paid and/or a severe delay in payment.**

Please be advised that any procurement for the City of Jackson, (by any means): fax, email and/or pick up orders by a city employee, must be supported with a valid purchase order to the vendor which has been properly prepared and signed by authorized city personnel. It must also bear a valid City of Jackson identification seal. A purchase order must be issued before delivery of goods and/or services. **Vendors should not deliver goods and/or render any services without receiving a valid purchase order. The vendor takes on the liability of possible non-payment if delivery of goods and/or services occurs prior to a purchase order being issued.**

The vendor should reject any purchase order not in agreement with their quote, and/or any other terms or conditions reflected on the purchase order. It is the vendor's responsibility to immediately notify the City of any discrepancies. The procurement process is designed to protect the vendor and the City, and to foster a mutual understanding of the obligations of both parties to perform according to the terms and conditions.

All out of state vendors not registered with the Secretary of State's Office, should first register. This will help facilitate all purchase orders in a timely manner.

Please be advised that it is illegal for any City official, employee and/or immediate family member to serve as a vendor for the City of Jackson.

If you have questions regarding the procurement process, contact the purchasing division manager at (601) 960-1025.

**BIDS ARE NOW AVAILABLE ONLINE AT [WWW.JACKSONMS.GOV](http://WWW.JACKSONMS.GOV).**

Department of Administration  
Purchasing Division

Revised October 2012

Page 1 of 5

Vendor Number: \_\_\_\_\_  
(To be assigned by the City)

Date Originated: \_\_\_\_\_  
(Office Use Only)

**PLEASE COMPLETE ENTIRE APPLICATION:**  
**(TYPE OR PRINT LEGIBLY)**

Vendor Legal Name: \_\_\_\_\_  
(As shown on your Income Tax)

Vendor Name DBA: \_\_\_\_\_  
(If operating as DBA, enter the DBA name)

Has your Company done business with the City under a different name: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please provide the name: \_\_\_\_\_

**VENDOR ADDRESS: (For Remittance/Invoice)**

Address #1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person #1: \_\_\_\_\_ Contact Person #2: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_

Fax Number #1: \_\_\_\_\_ Fax Number #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

**VENDOR ADDRESS: (For Submitting of Bids)**

Address #1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person #1: \_\_\_\_\_ Contact Person #2: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_

Fax Number #1: \_\_\_\_\_ Fax Number #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

## BUSINESS DETAIL INFORMATION

Name of City: \_\_\_\_\_ State: \_\_\_\_\_

Physical location of Business: \_\_\_\_\_

If there are additional locations under this name list the number: (Local: \_\_\_\_ (and/or) Non-local: \_\_\_\_)

City of Jackson Business License No.: \_\_\_\_\_ State Business License Number: \_\_\_\_\_

How long in present location: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

## VENDOR TAX IDENTIFICATION INFORMATION

(It is unlawful for any person to carry on any business in the City of Jackson without a valid business tax certification.)

**Taxpayer Identification Number (FEIN/EIN):** \_\_\_\_\_

(Please attach copy of completed W-9 form if required)

**Social Security Number (If not FEIN/EIN):** \_\_\_\_\_

(Owner SSN required for sole proprietorship and DBA's)

## BUSINESS TYPE: (Check all that apply)

PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ CONSTRUCTION: \_\_\_\_\_ SOLE PROPRIETORSHIP: \_\_\_\_\_

LLC: \_\_\_\_\_ OTHER: \_\_\_\_\_ DATE INCORPORATED: \_\_\_\_\_

## BUSINESS CLASSIFICATION: (Check all that apply)

MANUFACTURER: \_\_\_\_\_ RETAILER: \_\_\_\_\_ PRIME: \_\_\_\_\_ SUBCONTRACTOR: \_\_\_\_\_ MFG REPRESENTATIVE: \_\_\_\_\_

SERVICE: \_\_\_\_\_ DISTRIBUTOR/WHOLESALE: \_\_\_\_\_ OTHER: \_\_\_\_\_

## DIRECT DEPOSIT:

(CITY VENDORS ARE ENCOURAGED TO RECEIVE PAYMENTS BY DIRECT DEPOSIT)

The City of Jackson offers direct deposit service. If interested contact Accounts Payable at (601) 960-1019. The office is located at 200 South President Street, Suite 625, Jackson, MS 39201. You can also obtain authorization forms from the city's website:

[www.jacksonms.gov](http://www.jacksonms.gov)

**EQUAL BUSINESS OPPORTUNITY (EBO) PLAN**  
(PLEASE CHECK ONE OF THE FOLLOWING, IF APPLICABLE.)

AFRICAN AMERICAN (AABE): \_\_\_\_\_ HISPANIC (HBE): \_\_\_\_\_ ASIAN (ABE): \_\_\_\_\_ NATIVE AMERICAN (NABE): \_\_\_\_\_ FEMALE (FBE): \_\_\_\_\_

MBE/FBE CERTIFICATION: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**MINORITY BUSINESS ENTERPRISE (MBE) FEMALE BUSINESS ENTERPRISE (FBE) CERTIFICATION**

It is the policy of the City of Jackson to promote full and equal business opportunities for all persons doing business with the City. If you would like to become certified as a MBE/FBE, please contact the Business Development Division at (601) 960-1100. For information on the EBO Program, contact the Equal Business Opportunity Division at (601) 960-1856. Both offices are located at 200 South President Street, Suite 223, Jackson, MS. You can also obtain the EBO Plan Application, EBO Ordinance, and Certification Application from the city's website: [www.jacksonms.gov](http://www.jacksonms.gov).

**VENDOR REFERENCES**

(List name and address of other governmental entities with which your company has done business.)

I, the undersigned, hereby certify that the information supplied in this document is a true and correct statement of facts and do hereby agree to abide by the Public Purchasing Laws of the State of Mississippi Policies and Procedures currently in effect and any subsequent revision thereof. I also certify that I am not a City official, employee, and/or immediate family member, which the State of Mississippi law prevents from bidding, selling, or offering for sale any commodity, material, supply, service and/or equipment or to have any interest in the selling of the same.

\_\_\_\_\_  
Authorized Vendor Representative  
(TYPE OR PRINT LEGIBLY)

\_\_\_\_\_  
Title of Representative

\_\_\_\_\_  
Signature of Authorized Vendor Representative

\_\_\_\_\_  
Date

## Product Class Description/NIGP Commodity Code

Vendor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

To properly code your company, please indicate the commodity, material, supply, service and/or equipment your company will provide and/or offer using the link [www.nigp.com](http://www.nigp.com) to access the FIVE (5) DIGIT NIGP CODES.

NIGP Search Login as:  Password:

<b>NIGP CODE (five digit)</b>	<b>PRODUCT DESCRIPTION (Commodity, Material, Supply, Service or equipment)</b>	<b>NIGP CODE (five digit)</b>	<b>PRODUCT DESCRIPTION (Commodity, Material, Supply, Service or Equipment)</b>