

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

Federal Tax ID: #64-6000-503

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.

Department of Administration
Purchasing Division

Revised October 2012

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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 _____ SUB _____ CONTRACTOR: _____ 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.

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.

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

