

**SUPPLIER INSTRUCTIONS:**

Please complete this form and return as soon as possible

Date Completed: \_\_\_\_\_

Change of Information:

**SUPPLIER INFORMATION FORM**

**FOR AGENCY USE ONLY** – Please print name and extension Patricia Hammond Ext. 1302

JUSTIFICATION: \_\_\_\_\_

(i.e., what service is the supplier providing or what are you purchasing from this supplier?)

LOCAL SUPPLIER? YES  NO  HOUSING SUPPLIER? YES  NO  CONTRIBUTION YES  NO   
AGRICULTURAL PRESERVATION PROGRAM? YES  NO

SUPPLIER CATEGORY (circle only one): 20-Contractual Services, 30-Supplies and Materials, 40-Business and Travel, 50-Capital Outlay, 60-Debt Service or 70-Miscellaneous

SUPPLIER NAME (as registered with the State of Maryland): \_\_\_\_\_

PAYMENT TYPE? CHECK  EFT  DEFAULT PAYMENT TYPE? CHECK  EFT

CORPORATE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PRIMARY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE NOTE THAT THE REMIT TO ADDRESS MUST MATCH THE ADDRESS ON YOUR INVOICES**

REMIT TO ADDRESS: If same as corporate, please check the box

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MINORITY BUSINESS? YES  NO

MINORITY OWNERSHIP TYPE:

AFRICAN AMERICAN/FEMALE

AFRICAN AMERICAN OWNED

ASIAN AMERICAN SUB-CONTINENT

DISADVANTAGES BUSINESS ENTITY

HISPANIC AMERICAN

NATIVE AMERICAN

NR (SBE ONLY)

SOCIALLY & ECONOMICALLY CHALLENGED

WOMEN OWNED

CERTIFICATE #

EXP. DATE

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

SIGNATURE OF SUPPLIER REPRESENTATIVE COMPLETING FORM: \_\_\_\_\_

PRINTED NAME OF SUPPLIER REPRESENTATIVE COMPLETING FORM: \_\_\_\_\_

**FOR PROCUREMENT USE ONLY**

Date Rec'd from Supplier: \_\_\_\_\_

Date Sent to Procurement Agent: \_\_\_\_\_

Date Approved by Proc. Agent: \_\_\_\_\_

Procurement Agent initials: \_\_\_\_\_

Date Rec'd by Supplier Administrator: \_\_\_\_\_

Date entered into Workday: \_\_\_\_\_

**BARRY GLASSMAN**  
HARFORD COUNTY EXECUTIVE

**BILLY BONIFACE**  
DIRECTOR OF ADMINISTRATION

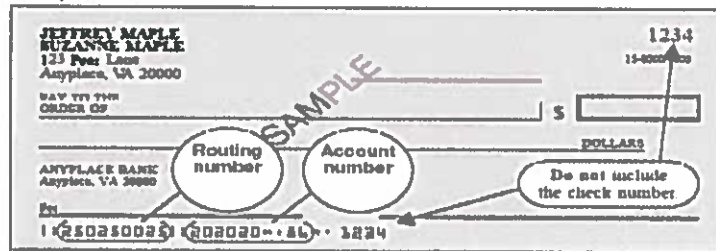


**ROBERT F. SANDLASS, JR.**  
TREASURER

**AUTHORIZATION AGREEMENT FOR ACCOUNTS PAYABLE  
ELECTRONIC FUNDS TRANSFER**

Complete the form and sign in the appropriate section. Any future change(s) will require a new form to be completed.

**Sample Check**



The routing and account numbers may be in different places on your check.

Financial Institution Name (Depository): \_\_\_\_\_

Account holders name: \_\_\_\_\_

Routing (ABA) #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (check one): Checking  Savings

Name or Company Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_

**Email, Mail or fax completed form to:**

**Harford County, Maryland**

**220 S. Main Street  
Bel Air, MD 21014**

**FAX - 410 - 879 - 7148**

Revised 3/27/19

**MARYLAND'S NEW CENTER OF OPPORTUNITY**

410.638.3314 | 410.879.2000 | TTY Maryland Relay 711 | [www.harfordcountymd.gov](http://www.harfordcountymd.gov)

220 South Main Street, Bel Air, Maryland 21014

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

