



NEW VENDOR FORM

VENDOR LEGAL NAME: _____
as appears on your tax return

DOING BUSINESS AS: _____

TO BE COMPLETED BY NEW VENDOR

TYPE OF BUSINESS: INDIVIDUAL/SOLE PROP CORPORATION PARTNERSHIP OTHER _____

PHYSICAL ADDRESS: _____

REMIT ADDRESS: _____

SALES CONTACT: _____

PHONE: _____ FAX: _____

EMAIL: _____

ACCOUNTS RECEIVABLE CONTACT: _____

PHONE: _____ FAX: _____

EMAIL: _____

TYPE OF SERVICE OR PRODUCT PROVIDED: _____

PAYMENT TERMS: Net 30

FEDERAL TAX ID: _____ OR / SS#: _____

must match name used on tax return - will be verified through IRS TIN matching program

VENDOR SIGNATURE _____ JOB TITLE _____ DATE _____

TO BE COMPLETED BY EQC DEPARTMENT MANAGER

EXPECTED FREQUENCY OF PURCHASES: ESTIMATED ANNUAL PURCHASES:

ONE TIME DAILY WEEKLY MONTHLY ANNUAL \$ _____

OTHER _____

DEPARTMENT MANAGER SIGNATURE _____ DATE _____

EQC ACCOUNTING USE ONLY

VENDOR ID: _____ STATUS: ACTIVE TEMP

APPROVED TERMS: _____ APPROVED BY: _____

TAX EXEMPT LETTER MAILED: _____ DATE: _____

W-9 RECEIVED: _____ CLASS III VENDOR: YES NO

ACCOUNTING DEPT. MANAGER TRIBAL GAMING