



VENDOR INFORMATION

RETURN WITH A COPY OF YOUR COMPANYS W-9

DATE: 4-03-2023

PLEASE FAX/RETURN TO ACCOUNTS PAYABLE DEPARTMENT FAX NO. (775) 827-8008

COMPANY NAME: Desert Fox Golf, LLC

Address: 40 W. Baseline Road, STE 118

City: Mesa State: AZ Zip: 85210

Telephone No#: 480-628-3611

Fax No#: _____

PAYMENT REMITTANCE INFORMATION (If different from above)

Address: _____

City: _____ State: _____ Zip: _____

Telephone No#: _____

Fax No#: _____

Payment Remittance Email Address: scott@desertfoxgolf.com

Accounts Receivable Contact Name: Scott Kovesdy

Does your company accept Visa/MC for payment? Y Do you charge a credit card fee/amount? N

Are you a Corporation _____, a Partnership LLC, a Sole Proprietorship _____

Federal Tax I. D. Number or Social Security Number: 82-5057102

Do you have a Valid Nevada Sellers Permit? Y

If yes Number # 1043098615001

If you don't have a Valid Sellers Permit you will not be able to charge tax to Atlantis.



VENDOR INFORMATION

ATLANTIS CASINO RESORT SPA PURCHASING POLICY

- An authorized Atlantis Casino Resort Spa purchase order must be given to the vendor at the time of purchase.
- Purchase order number must also be referenced on all invoices. Atlantis Casino Resort Spa will not be responsible for payment if the PO # is not on the Invoice.
- All deliveries made by vendors must go through Atlantis Casino Resort Spa receiving dock not the individual departments.
- Vendor will comply with Atlantis Casino Resort Spas terms & conditions. Given at request.
- These procedures must be followed in order for Atlantis Casino Resort Spa to process our paper work properly and without delay.
- Payment terms are Net 30.

I understand and will follow Atlantis Casino Resort Spas' Purchasing Policy.

Signature: 