

SUPPLIER MAINTENANCE FORM
Supplier section must be completed & signed by Supplier



Attn: Suppliers - Fax form to Club Name _____ Fax # _____

Attn: Clubs-	Upon receipt from Supplier, review information for completeness & legibility, complete shaded area, then fax form along with copy of invoice or contract to 972.406.4113
This section must be completed by club	1. Is this for payment of a capital invoice? <i>Circle One: Yes No</i>
	2. Did you confirm that this vendor does not accept MasterCard? <i>Circle One: Yes No</i>
	3. What type of supplier setup is this? <i>Circle One:</i> <u>Refund</u> <u>Permanent</u> <u>One time</u>
	4. Club/CorpName: _____ Club #: _____ Club/Corp Contact: _____
	5. Club Approval: GM _____ or OA _____ or Corp Approval: _____
	6. Attach copy of <u>Approved</u> Invoice or Contract (REQUIRED with Every Supplier Maintenance Form)

******* Suppliers - please complete all information below & sign *******

Suppliers: <i>Enter this section as it appears on invoice for Remittance</i>	Supplier Name: Desert Fox Golf
	Address Line 1: 40 W. Baseline Road
	Address Line 2: STE 118
	Address Line 3: _____
	City: Mesa State: AZ Zip: 85210 -
	Phone #: 833 - 803 - 4653 Fax #: - -

Do you accept MasterCard for payment? (Circle One) Yes No

Federal ID: 8 | 2 | - | 5 | 0 | 5 | 7 | 1 | 0 | 2 **-OR-** **SSN:** | | | - | | | - | | |

Entity Type - Please check one of the 10 options below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Trust/estate |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Foreign Individual |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Foreign Corporation |
| <input checked="" type="checkbox"/> LLC. Please Enter Tax Classification (S =S-Corp, C =Corporation, P =Partnership) | | <u>S</u> |

Taxpayer Name (as reported to the IRS): Desert Fox Golf, LLC

If Individual Proprietorship, Must Have the Individual Owners' Name

Payment Terms: Upon Receipt of Invoice **E-mail Address:** scott@desertfoxgolf.com

Contact: Scott Kovesdy **Phone Number:** 480-628-3611

Type of Services Rendered: Upon Receipt of Invoice

Payee Signature: **Date:** 4/13/2022

*Entire form must be complete and legible.
 Upon receipt clubs fax to 972.406.4113, there will be a 24 hour turnaround time for set-up, unless otherwise requested.*