



P.O. Box 657 | Sterling, IL 61081-0657 | PH: 815-625-0980 | FAX 630-875-4706

**VENDOR INFORMATION REQUEST FORM (INITIAL SET-UP OR CHANGES)**

Any individual or entity paid by HALO Branded Solutions, Inc. is considered a supplier. Suppliers must complete this form and IRS form W-9 prior to payment being issued. Information provided on this form is subject to verification, including, but not limited to, IRS Tax Identification Number (TIN) Matching. If request relates to an update or a modification, please only complete the applicable section(s). Please complete the following information and return it to HALO Branded Solutions, Inc. within 24 business hours to avoid payment delays and/or order(S) being redirected to an alternate source.

**Submit completed and signed form(s) via one of the following methods:**

Fax: 630-875-4706 or Email: [vendorinformationupdate@halo.com](mailto:vendorinformationupdate@halo.com)

**Check One**

Initial Supplier Setup

Modification/Change Request

**Section 1: General Information**

Company Legal Name: Desert Fox Golf, LLC

DBA/AKA: Desert Fox Golf

Physical Address: 40 W. Baseline Road, STE 118

City: Mesa State: AZ Zip: 85210 Country: US

**Section 2: Payment Information**

Remittance Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Type of Entity:  C-CORP  S-CORP  NON PROFIT  PARTNERSHIP  LLC  LLP  Service/Individual

State Of Incorporation: AZ Dunn & Bradstreet: None

Year Established: 2018 Years At Current Address: 3

Minority Owned Business Entity:  Y  N Minority Classification \_\_\_\_\_

In order to be considered a diversity supplier, you must attach a copy of your certificate with your application.

Primary products/services provided to HALO: Phone Caddy cell phone holder



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**Section 2: Payment Information (Continued):**

Scott Kovesdy

Accounts Receivable Contact Name: \_\_\_\_\_  
480-628-3611 scott@desertfoxxgolf.com  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Logan Barbour

Customer Service Contact Name: \_\_\_\_\_  
480-215-9441 logan@desertfoxxgolf.com  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: desertfoxxgolf.com Email: dfg@desertfoxxgolf.com

None None None  
ASI#: \_\_\_\_\_ PPAI#: \_\_\_\_\_ SAGE#: \_\_\_\_\_

Payment Terms (Payments Are Made Based On Receipt Date Of Invoic . Any invoice not received within 45 days of shipment will not be honored):

- Net 45 Check
- 2% 10 Net 30 Check
- ACH Choosing ACH requires that the ACH Authorization Form is filled out.  
ACH Term Options (select one)\*\*  
2%/15 Net 35  Net 50

Rebate

- 3% from \$1
- 2% from \$1
- 1% from \$1
- Other Rebate (use lines below to outline)

None

Special Pricing The special pricing noted will be used from year to year unless advised otherwise.

Promo Partner Pricing - separate price list attached - updated Q1 2023

Invoice Options -

- Sign up for EDI
- Mail through United States Postal Service
- Send through email as an attached PDF (other formats or links are not accepted)



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**Section 3: Purchase Order Information:**

HALO Purchase Orders will be issued based on the information entered in this section.

**Important:** The supplier name on HALO’s PO must match the supplier/payee name on all invoices submitted against the PO. Please adjust your system to receive emails from xxx.xxxx@halo.com. By doing this, it ensures efficient communications between our companies.

Customer Service Contact Information:

Name (Last, First): Logan Barbour Phone: 480-215-9441  
Email: logan@desertfoxford.com

Sales Contact Information:

Name (Last, First): Logan Barbour Phone: 480-215-9441  
Email: logan@desertfoxford.com

Contact Info

Sample Contact Email: logan@desertfoxford.com Phone: 480-215-9441  
Artwork Contact Email: logan@desertfoxford.com Phone: 480-215-9441  
PO Contact Email: logan@desertfoxford.com Phone: 480-215-9441

New Vendor Checklist – The documents shown below are required to establish a business relationship with HALO. Please make sure that all are provided when returning this completed form in order to be approved as a HALO supplier.

- W9/W8
- Vendor Agreement
- Certificate of Insurance (HALO Must Be Listed As Additional Insured)

**Section 4: Certification:**

By signing below, you are attesting to the accuracy of the information provided in this form and that you are authorized to agree to payment terms.

Authorized/Officer Signature:   
Authorized/Officer Printed Name: Scott L. Kovesdy  
Title: Owner  
Date: 8-17-2023