

New vendor	<input checked="" type="checkbox"/>
Change to vendor	<input type="checkbox"/>

For office use only:	
Vendor number:	

Vendor Registration Sheet

The Internal Revenue Service requires certain business information under form 1099 reporting requirements, "Payer's Request for Taxpayer Identification Number." Please complete the below fields to register a new vendor.

Select a Property:

 Prince Resorts Hawaii <input type="checkbox"/>	 HAWAII PRINCE HOTEL WAIKIKI AND GOLF CLUB <input type="checkbox"/>	 THE WESTIN HAPUNA BEACH RESORT <input type="checkbox"/>	 MAUNA KEA BEACH HOTEL KOHALA COAST <input type="checkbox"/>	 MAUNA KEA RESORT SERVICES KOHALA COAST <input checked="" type="checkbox"/>	For office use only: HIS B S S
--	---	---	--	---	--

1. Vendor Name / Pull-Down Name	Desert Fox Golf	
2. Billing Address –		
Street Address	40 W. Baseline Road, STE 118	
City, State, Zip	Mesa, AZ 85210	
3. Billing contact (A/P contact) – Name and Title	Scott Kovesdy	
Department	N/A	
Telephone	1-833-803-4653 x3	
Fax	N/A	
E-mail	scott@desertfoxgolf.com	
4. President or CEO (include name and title)	Scott Kovesdy Owner	
5. Head Office Address (if different from above)	Same	
6. Sales contact (if diff. from above) - Name and Title	Same	N/A
7. Sales contact (if diff. from above) - Tel and Fax	Same	N/A
8. Is a form 1099 required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
9. Federal Tax ID (If sole proprietor, SSN) PLEASE ATTACH A COMPLETED W-9 FORM.	Attached	
10. Are you registered to conduct business in the state of Hawaii? (If yes – please provide Hawaii GE number)	Out of state supplier located in AZ	
11. Payment Terms	Net 30	
12. Purpose for Vendor	Supply golf accessories, e.g. Phone Caddy cell phone holder	
13. G/L Number (Dept. and Acct.)	N/A	N/A

14 We are a local based business in Hawaii County. County of Hawaii State of Hawaii
.

15 We have an organizational philosophy to support environmental conservation. X Yes No
.

16 We adhere to all laws within the State of Hawaii regarding the environment as it pertains to the operation of our business. X Yes No
.

Assess New Vendor

Approved by:

Department Mgr's Signature

Approval Authority for Registration into BSS and HIS

Registered by:

Vendor Registrar's Signature