



New Vendor Information Form

Please print or type

Indicate whether this is a New Vendor or a Change in Vendor Information

New Vendor

Change in Vendor Information

VENDOR PROFILE *(to be completed by vendor)*

Vendor Legal Name *(as shown on tax return)*: Desert Fox Golf, LLC

Enter your TIN in the appropriate field. For individuals/sole proprietor, this is your social security number (SSN). For other entities, it is your employee identification number (EIN).

TIN: _____ SSN: _____ EIN: 82-5057102

REQUIRED:

Attach completed W-9 "Request for Taxpayer Identification Number & Certification"

No check will be issued to any vendor without a W-9 form on file.

Type of Vendor (required):

Individual/Sole Proprietor

Partnership

Minority _____

Corporation

Government Agency

Tax Exempt Entity

Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

CORPORATION

TAX EXEMPT ENTITY *(under 501 C (3))*

OTHER _____
(specify)

Vendor type information (select one category):

Type of Purchase (required):

Materials/Goods

Services

Combination of Goods/Services

Other _____

Payment Terms: Net 30 days

Yes

No

General Vendor Information

Vendor DBA *(if different from above)*: _____

Address: 40 W. Baseline Road, STE118 City: Mesa State: AZ Zip: 85210

Telephone: (833) 803-4653 Fax: (_____) _____

Remit to address *(if different from above)*:

Vendor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

VENDOR CONTACT INFORMATION

Contact Name: Scott Kovesy Title: Owner

Telephone: (_____) _____ Email Address: scott@desertfoxgolf.com

Requester: Logan Barbour Title: Sales Date: 2-25-22

Vendor Rep.: _____ Title: _____ Date: _____

Vendors must submit a completed IRS Form W-9 with this form to Accounts Payable, by mail/fax.