

# New Vendor Information Form

Date: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

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

City/State/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Please list any relatives employed at Golden Nugget:

\_\_\_\_\_

Illinois Certified Minority-owned Business: Y/N  
**(If yes, please provide copy of certificate)**

Illinois Certified Woman-owned Business: Y/N  
**(If yes, please provide copy of certificate)**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

## Very Important!

- Attach a copy of your signed W-9
- Attach a copy of your COI/Bond certificate

### For Internal Use Only

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
DOF or higher

