

**MASHANTUCKET PEQUOT TRIBAL NATION / FOXWOODS RESORT CASINO
NEW VENDOR INFORMATION FORM (NVIF)**

1. Legal Company Name: _____

State of Incorporation (*for Partnerships & Corporations only*): _____

2. List all other names the company is doing business under (*if applicable*):

3. Sr. Mgmt. Officer: _____ Title: _____ Phone: (____) _____
(Director or above)

4. Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ Fax (____) _____ Cell (____) _____

E-mail: _____

Internet Address: _____

5. Remit to Address: _____

City: _____ State: _____ Zip: _____

6. Nature of goods and/or services (*Be specific*): _____

7. Anticipated annual dollar amount: \$ _____

8. Co. Type: Individual/Sole Proprietor Corporation Partnership (LLC, LLP) Other: _____

9. U.S. Federal EIN# _____ OR Social Security or ITIN# _____

10. W-9 Attached? Yes No W-8BEN N/A → 1099? Yes No

11. *Ownership Status: Mashantucket Pequot Enterprise Mashantucket Pequot Tribal Member Business

Native American Minority Business Enterprise Women Business Enterprise

Disabled Veteran Not Applicable

Mashantucket Pequot Tribal Member Affiliated Mashantucket Pequot Citizen

12. Vendor Type: Advertising Consultant Contractor Computer Donation Entertainment

Equipment F&B Gaming Printing Retail Refund

Special Events Sponsorship Transportation Travel Other: _____

FOR INTERNAL USE ONLY

Req. # _____

Requestor Information (*To be filled out by Accounts Payable or Foxwoods Procurement or Foxwoods Retail*)

Name: _____ Title: _____ Dept.: _____

Signature: _____ Date: ____/____/____ Ext. #: _____

Supplier Data Control Center Approval: Initials: _____ Date: ____/____/____