

Vendor Profile Information

Please provide all the information requested on this form.

Date: _____

Corporate Name:		Registration Number & Locality:	
Corporate Address:			
Name of Company Doing Business As:		Please Provide Copy of Business License	
Business Operation Address:		Local Business License Number:	
Name of Owner:	Federal Tax ID Number/Social Security Number:	1099 Needed? Y N	
Type of Business Entity: (check the appropriate box)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Standard Corp	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership
<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Other	<input type="checkbox"/> Limited Liability
Description of Nature of Business:		Registered to Collect Nevada State Sales Tax? Y Registration # N	
Please check which properties billing is for: __Arizona Charlie's Boulder __Arizona Charlie's Decatur __Stratosphere __AREP Laughlin			Who is your contact at said property?
Name To Remit Check To:		Contact Name:	
Address to Mail Check To:		FAX Number: ()	Telephone Number : ()
		E-Mail Address:	
		Payment Terms:	
Will employees be working on property? Y N		If applicable, please provide a copy of the following:	
If yes provide Insurance Company &/or Bonding Agent Policy Numbers:		<input type="checkbox"/> Contractor's License	
		<input type="checkbox"/> Copy of Certificate of Insurance & Evidence of State of NV Workers Compensation (other proofs may also be required)	
Name of person who completed this form:		Please FAX to 702-383-5350	