



VENDOR SETUP FORM

Must include completed W-9 form

COMPANY NAME AS IT APPEARS ON YOUR IRS TAX RETURN

DOING BUSINESS AS (DBA)

TAXPAYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

PHYSICAL ADDRESS

CITY STATE ZIP COUNTRY

TYPE OF BUSINESS ENTITY:

- Individual/Sole Proprietor
- C Corporation
- S Corporation
- Partnership
- Limited Liability Co

DIVERSITY CLASSIFICATION (IF APPLICABLE):

- Minority Owned
- Women Owned
- LGBTQ Owned
- Disabled Veteran Owned

PAYMENT/REMITTANCE STREET ADDRESS

CITY STATE ZIP COUNTRY

ACCOUNTS RECEIVABLE CONTACT PHONE E-MAIL (REQUIRED FOR ACH REMITTANCE)

BUYER CONTACT PHONE E-MAIL (FOR PO DISTRIBUTION)

E-MAIL (FOR BID DISTRIBUTION) EDI CAPABLE: SELECT ONE
 YES NO

DESCRIPTION OF GOODS SOLD OR SERVICES PROVIDED PAYMENT TERMS: SELECT ONE
 ACH - NET 30 CHECK - NET 45

ACH PAYMENT INFORMATION

BANK NAME

ACCOUNT NUMBER

ROUTING NUMBER

FOR EPP USE ONLY

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VERIFIED BY: _____

APPROVED BY: _____

INDEPENDENT CONTRACTOR & VENDOR STATEMENT REGARDING INSURANCE
COVERAGE

I, _____, am an independent contractor or vendor.

Pursuant to the Nevada Industrial and Occupational Acts (NRS Chapters 616A-616D and 617), as an independent contractor or vendor, I am considered a sole proprietor and am exempt from being required to have industrial insurance.

I hereby certify that I am a separate business from that of Entertainment Payroll and Purchasing LLC, a Nevada limited liability company, principal contractor hereunder. I am not engaged in a business, profession, or occupation that is the same or similar to that of the principal contractor.

I understand that, as a separate business from that of the principal contractor, I am not entitled to industrial insurance (workers' compensation coverage).

I waive any and all right to file any claim or cause of action for personal injuries against the principal contractor that might have occurred or arisen during the course of performance of my services for the principal contractor. I further agree to indemnify, save, and hold harmless the principal contractor, its agents and employees from any and all claims, causes of action or liability arising from the performance of my services for the principal contractor.

I understand that I am not entitled to (a) withholding of income taxes by the principal contractor, (b) participation in the principal contractor's group insurance (if any), (c) accumulation of sick or vacation leave, or (d) unemployment insurance.



Sign: _____

Print: _____

Date: _____

