



Citizen Potawatomi Nation Vendor Registration

RENEWING

NOT RENEWING

NO LONGER IN BUSINESS

Company Name:

Date:

DBA:

Company Address:

City/State/Zip:

Email/FAX:

Phone:

FEIN # (if applicable):

Company Contact Person(s):

Address:

City/State/Zip:

Email/FAX:

Phone:

Names/Addresses of Principles and/or Technicians doing ON SITE service. (List additions on separate paper.)

- 1).
- 2).
- 3).
- 4).

Which casino will you be doing service at?

Grand

FEC

Both

Agent:

Date: