



Vendor Account Information

Company Name : _____

Company Address : _____

Remit Address : _____

Vendor Website: _____

Contact Name : _____

Contact Phone : _____

Contact Email : _____

Payment Terms : _____

Services/Products Provided : _____

Certified Minority? Yes or No

Please Identify _____

Please return form to MS_purchasing@mohegansun.com. Thank you
