

**BK YOUTH STREET GAMES  
VENDOR APPLICATION FORM**

VENDOR INFORMATION

<b>COMPANY / FIRM NAME</b> as shown on Federal Tax Return		<b>VENDOR ID.</b> if applicable
<b>ALTERNATE NAME</b> if applicable / (doing business as)		<b>TAX ID NUMBER</b> FEIN OR SSN
<b>POINT OF CONTACT NAME</b>	<b>TITLE</b>	
<b>VENDOR ADDRESS</b>		
<b>PAYMENT ADDRESS</b> if different from address above		
<b>PHONE</b>	<b>FAX</b>	<b>VENDOR EMAIL</b>
<b>TAX EXEMPT?</b> Y or N	<b>VENDOR WEBSITE</b>	

ORGANIZATION TYPE

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

<b>REQUESTOR / VENDOR'S NAME</b>	<b>SIGNATURE</b>	<b>DATE REQUESTED / SENT</b>

**Please use this section to give us a brief description of your business (i.e. services offered, number of staff, etc...)**