



Pokagon Band of Potawatomi Indians

Supplier/Contractor Form

Supplier Name: _____

Taxpayer ID #: _____

Please select all that apply:

Local Supplier

NAICS Code: _____ (If applicable)

Native American Supplier

Local Native American Supplier

Enrolled Pokagon Band Citizen

Local Enrolled Pokagon Band Citizen

Woman Owned

Small Business

Terms:

Immediate

n/10

n/30

Other _____

Credit Cards Accepted: Yes No

Discover Mastercard

Visa American Express

(Please select all credit cards accepted)

Mailing Address:

Address 1: _____
Address 2: _____
City: _____ State: _____
Zip: _____

Remit To Address (If different than mailing address):

Address 1: _____
Address 2: _____
City: _____ State: _____
Zip: _____

Contact Information

Name: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Type of Product or Service: _____

Direct Deposit Information:

Direct Deposit is not required, but encouraged, by The Pokagon Band. Please complete the following information to sign up for direct deposit.

Name of Institution: _____
City: _____ State: _____ Zip: _____

Type of Account: ___ Checking ___ Savings

Routing Number: _____
Account Number: _____

Please ensure the numbers are correct and legible. You can verify them with your institution.

Names on Account: _____

Completed by:

Name: _____

Phone Number: _____

Signed: _____ Date: _____