BUENA VISTA CASINO

VENDOR APPLICATION FORM

Thank you for interest in Buena Vista Casino.
If you are a contractor or a supplier and interested in working with Buena Vista Casino, please fill out the form below and tell us more about your company and the services you are interested in providing. Please mail a copy to the address below and a representative will be in contact with you.

First Name: _____ Last Name: _____

Company: _____

Address 1: _____

Address 2: _____

Phone Number: _____ Fax Number: _____

Alternative Phone Number: _____

Email Address: _____

What type of service does your company provide?

_____

_____

_____

_____

What area of the casino would you be interested in working with?

_____

_____

_____

Print and mail completed form to:

Buena Vista Rancheria - Vendor Mgr.
P.O. Box 162283
Sacramento, CA 95816