



To maintain accurate information in our database, vendors are required to complete all yellow highlighted sections on this form. Also, if applicable, please complete the attached Electronic Funds Payment form along with a void cheque. Return all completed documents by email or fax to 519-258-6149.

## Vendor Application Form

<b>Registered Company Name</b>			
<b>Operating As</b>			
<b>HST # or Tax ID #:</b>			
<b>Business Type:</b>	▼	<b>Business Registration #:</b>	

### PRODUCT and/or SERVICES provided -- Please list below:

<b>Company Website:</b>	

### ADDRESS & CONTACT INFORMATION

	Payment Information (A/R)	PO Issuance Information (Sales)
<b>Street Line 1</b>		
<b>Street Line 2</b>		
<b>City</b>		
<b>Province/State</b>		
<b>Postal/Zip Code</b>		
<b>Phone #</b>		
<b>Fax #</b>		
<b>Name/Position</b>		
<b>Email Address</b>		

**PAYMENT TERMS (i.e 2% 10 days, Net 30):**

**Email Address for PO Issuance:**

**Note: Purchase Orders will be issued to the email address provided, which will require daily monitoring.**

### QUESTIONS

<b>Does your company conduct criminal record checks on its employees?</b>	
<b>Approximate annual sales to other Ontario casinos, including the OLG:</b>	
<b>Will your company be performing services onsite at Caesars Windsor?</b>	

### If onsite services being performed, complete this section:

<b>Country of residence for individuals performing the onsite services:</b>	
<b>Workers Safety Insurance Board (WSIB) Account #</b>	
<b>Has your company been pre-qualified under the OLG Contractor Safety Program?</b>	
<b>Does your company carry a minimum of \$5,000,000 general liability insurance?</b>	

This document, along with the signed Execution of Agreements Acknowledgement Form, makes up the entire Vendor Application. Upon review, Caesars Windsor may request additional information such as Articles of Incorporation, WSIB Clearance Certificate, Insurance Certificate, OLG Contractor Health and Safety pre-qualification, Security Screening Acknowledgement, consultant resumes, financial statements and balance sheets, as may be required under the regulations of the *Ontario Gaming Act (Ontario)*.

Completed By: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**CAESARS**  
WINDSOR

377 RIVERSIDE DRIVE EAST, WINDSOR, ONTARIO N9A 7H7

TEL: (519) 258-7878 FAX: (519) 258-6149

## TO ALL VENDORS:

Attached, please find Caesars Windsor's Execution of Agreements Policy. This document defines the accepted manner for conducting business with suppliers and/or companies entering any contractual arrangements with Caesars Entertainment Windsor Limited, as operator for **Caesars Windsor** on behalf of the Ontario Lottery and Gaming Corporation and Ontario Gaming Assets Corporation. All suppliers are required to understand and abide by this policy.

An authorized officer of the supplier is requested to sign the enclosed Policy Acknowledgement and promptly return to:

Caesars Windsor  
377 Riverside Drive East  
Windsor, ON N9A 7H7

Attention: Procurement Department  
Email: [dtodorovic@caesarswindsor.com](mailto:dtodorovic@caesarswindsor.com)  
Fax: 519-258-6149

Questions may be directed to the undersigned.

Thank you,

Dragana Todorovic  
Procurement Coordinator  
Caesars Windsor  
519-258-7878, Ext. 20637



**CAESARS ENTERTAINMENT WINDSOR LIMITED, operator of Caesars Windsor  
on behalf of the Ontario Lottery and Gaming Corporation  
and Ontario Gaming Assets Corporation (the “Company”)**

**EXECUTION OF AGREEMENTS POLICY**

Any and all meetings, discussions, negotiations, correspondence, proposals, draft contracts/agreements, and quotations should not be construed to bind the Company, its shareholders, directors, affiliates, officers, or employees.

**All agreements with the exception of purchase order agreements entered into by the Company must be in writing and can ONLY be executed by either: the President, Vice President-Finance/CFO or the Vice President-Legal and Compliance of the Company.** All written agreements executed in accordance with this Policy will constitute the entire agreement between the Company and other party. Any verbal statements, representations or agreements between the Company and other party shall be of no force and effect and will not be honoured by the Company. In addition, any and all agreements may not be amended or modified in any respect except in writing in accordance with this Policy.

For purchase order agreements, the signature of the Director of Procurement will indicate that the necessary authorization has been obtained.

Agreements should be forwarded to the Procurement Department for review and processing. Upon completion of the contract review process, the agreement will be forwarded to the appropriate signing officer for signature.

Suppliers of goods and services may be required to obtain and maintain applicable registration with the Alcohol and Gaming Commission (Ontario) pursuant to the provisions of *the Gaming Control Act (Ontario)* and the corresponding regulations, as amended from time to time. The Company is prohibited by law to commit, receive, and/or pay for any goods and/or services for which a valid AGCO registration has not been obtained or maintained, or exemption eligibility has not been met.

Suppliers must inform the Procurement Department and AGCO (if applicable) immediately of any name changes, amalgamations, mergers/acquisitions, and/or changes in officers, directors or ownership structure.

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**POLICY ACKNOWLEDGMENT**

The undersigned hereby acknowledges and agrees that they have read and understand the terms and conditions of the above-noted Policy.

Company Name: \_\_\_\_\_

Signator Name: \_\_\_\_\_; Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CAESARS WINDSOR SUPPLIER  
ELECTRONIC FUNDS PAYMENT (EFT)  
CANADIAN DOLLAR PROCESS FORM**

Agreement made this day of \_\_\_\_\_, 2016 between Caesars Windsor with offices at 377 Riverside Drive East, Windsor, Ontario, Canada N9A 7H7.

**SUPPLIER INFORMATION**

Supplier Name \_\_\_\_\_

City, Province \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Accounts Receivable Contact \_\_\_\_\_

Accounts Receivable Email Address \_\_\_\_\_

**SUPPLIER DEPOSITORY INFORMATION \*\***

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Account Name at Institution \_\_\_\_\_

Bank Code (3 Digit) \_\_\_\_\_

Transit Number (5 Digit) \_\_\_\_\_

Account Number \_\_\_\_\_

Currency \_\_\_\_\_

Corporation Authority \_\_\_\_\_

(Print Name)

(Signature)

\_\_\_\_\_  
(Title)

\*\* Please attach copy of void check.