



Travel Agent Setup Form

Please complete attached form and either mail or e-mail to:

MGM Resorts International Attn:
Vendor Setup Desk
PO Box 77123
Las Vegas, NV 89177-7123
Vendordesk@mgmresorts.com

For MGM Resorts
International Purposes Only
V# _____

Please make sure to include the W8 or W9 with this document.

Accounting

Please list your parent company and any affiliates (including subsidiaries), and the jurisdiction in which each are incorporated or organized. An affiliate includes any company that is controlled by, or is under common control with, you. The term control (including the terms controlled by and under common control with) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of an entity, whether through the ownership of voting securities, by contract, or otherwise.

Agency Name: _____
Doing Business As: _____
IATA #: _____

Location/Mailing Address:

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

Payment/ Remit Address (if different)

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

Contact information:

Phone: () _____ Fax: () _____
Primary Contact Person: _____ Title _____
Email: _____ Website: _____

For Internal Use Only
Justification: _____
Preparer's Name (Print): _____ Title _____
Property/Corporate Department: _____ Date _____