

VENDOR AUTHORIZATION FORM

Thank you for your interest in becoming a vendor with us.
Vendors are required to fill out this form completely and attach a product and pricing proposal.

Name: _____

General Product Description: _____

Date: _____

VENDER INFORMATION

Vendor Business Name: _____

Website or Social Media link to your product(s):

Contact Phone: _____ Email: _____

Business License Number: _____

Product Availability (month/date): _____

Quantity Available: _____

Notes (Please include any attachments necessary to share your product and make an appealing presentation):

SIGNATURE

Authorized Signature (VENDOR): _____ Date: _____

- Please email this form and any necessary attachments to wineandwhimseys@gmail.com -