VENDOR APPLICATION FORM

Company Information:

Business Name: _____

DBA (if applicable): _____

Contact Person Name: _____
Title: _____

Business Address:
Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

Phone Number: _____
Email Address: _____
Website (optional): _____

Business Details:

Type of Business (check one):
☐ Individual / Sole Proprietor
☐ Partnership
☐ LLC
☐ Corporation
☐ Other: _____

Years in Business: _____

Description of Products or Services Provided:

_____

_____

_____

Licensing & Compliance

Business License Number: _____
State/Country Issued: _____

Tax ID / EIN (if applicable): _____

Are you required to collect sales tax?
☐ Yes ☐ No

Sales Tax ID Number (if applicable): _____

Insurance Information

Do you carry business liability insurance?
☐ Yes ☐ No

If yes:
Insurance Company: _____
Policy Number: _____
Expiration Date: _____

Payment Method

Preferred Payment Method:
☐ Check
☐ Credit Card (+4% processing fee)
☐ Other: _____

References (Please list three trade references)

Reference #1

Company Name: _____

Company Address: _____

Contact Name: _____

Phone: _____ **Email:** _____

Reference #2

Company Name: _____

Company Address: _____

Contact Name: _____

Phone: _____ **Email:** _____

Reference #3

Company Name: _____

Company Address: _____

Contact Name: _____

Phone: _____ **Email:** _____

Terms & Conditions

By signing below, I certify that the information provided in this application is true and accurate. I understand that approval as a vendor is subject to review and acceptance.

Signature: _____

Printed Name: _____

Date: _____