

VENDOR APPLICATION FORM

COMPANY / FIRM NAME (as shown on Federal Tax Return VENDOR ID. if applicable)

POINT OF CONTACT NAME TITLE

VENDOR ADDRESS

PAYMENT ADDRESS if different from address above

PHONE:

FAX:

VENDOR EMAIL:

TAX EXEMPT? Y or N VENDOR WEBSITE

ORGANIZATION TYPE

Corporation Individual:

Sole Proprietor:

LLC Partnership / Limited Partnership:

Non-Profit:

TRUCK VENDOR \$250.00:

FOOD VENDOR \$125.00:

NON-FOOD VENDOR \$75.00:

COMMUNITY BASED ORGANIZZATION \$25.00:

VENDOR'S NAME:

VENDOR'S NAME SIGNATURE:

DATE:

ZELLE ID #:

CASH APP ID #:

VENMO ID #:

DATE VENDOR PAID FEE:

INTERNAL USE ONLY VENDOR ID DATE RECEIVED DATE PAYMENT PROCESSED

PLEASE EMAIL FORM TO: INFO@SHE4REALPINK.org or CALL: COURTNEY SCOTT (702) 888-5320. Vendor Check-in will follow, once application and payment is received. All Vendors must provide insurance.



