

## Vendor Application

**Business Name** \_\_\_\_\_

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

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

**Contact E-mail Address** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_

**Business E-mail Address** \_\_\_\_\_

**Business Website (if any)** \_\_\_\_\_

**List All Services/Products You Provide, with the regular advertised price and the Regency Co-op discounted price or percentage, beyond any discount that may be offered on a website or mailer (use additional sheets if necessary):**

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**Effective Date of above prices (all vendors must agree to a pricing agreement of one year's duration)**

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Mail completed form, along with a copy of your current liability insurance, to:  
regencycooperative@gmail.com, or US Mail to:  
Regency Cooperative  
15536 Fassels Ct  
Haymarket, VA 20169