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

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