



## Vendor Application

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

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

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

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

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

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

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

**Business Website** \_\_\_\_\_

**List all the services and products you offer plus the discount you plan to offer Regency Co-op Members. (use additional sheets if necessary):**

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**The date Regency Co-op discount and service pricing begins (Vendors must agree to honor discount/pricing for one year)**

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**Scan this form and copy of your current Certificate of Liability Insurance to [info@regencycoop.org](mailto:info@regencycoop.org)  
Or, mail to Regency Cooperative Assn. 5441 Rodriguez Lane Haymarket, VA 20169**

Internal use only: Date received _____ Insurance _____
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