



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 pricing agreement of one year's duration): _____

**Mail completed form, along with a copy of your current liability insurance, to:
regencycooperative@gmail.com, or US Mail to:**

**Regency Cooperative
5441 Rodriguez Lane
Haymarket, VA 20169**