

Vendor Registration Form Online

Vendor Information:

- Vendor Name: _____
- Vendor Type: Individual Organization Other: _____
- Physical Address: _____
- City: _____ State: _____
- ZIP: _____
- Phone Number: _____
- Email Address: _____

Primary Contact Person:

Full Name	Designation	Phone Number	Email Address

Product or Service Information:

- Description of Goods/Services Provided: _____

- Business Focus Area: _____

Additional Information:

- Do you provide delivery services? Yes No
If yes, specify areas covered: _____

- Do you offer discounts for bulk orders? Yes No

Consent and Agreement:

I agree to the vendor terms and conditions and certify that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____