



Independent Buyers' Co-Op Prospective Vendor Application

Today's Date:	
Company Name:	
Number of Employees:	
Street Address:	
City:	
State and Zip:	
Your Name and Title:	
Contact Number:	
Email:	
Web Site:	

Your Product or Service:	
Distribution Type:	DSD Warehouse
Distribution Coverage:	National Regional Local
Detailed Areas of Coverage:	
Years in Business:	
Invoice Type:	Handwritten Digital
Liability Insurance Coverage:	
# of Current Convenience Store Clients:	
Business Type:	Permanent Seasonal
Target Customer:	
Product/Service Benefit:	

Do you have any supporting documents such as: <ul style="list-style-type: none"> • Product or Service Brochures • Business Proposal • Market Share Reports • Product Movement Reports • Distribution / Delivery Support 	Yes No
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