Denio's Vend	dor Infori	mation Form	□ New '	Vendor [Conver		vey? 🔲		NO Update
	ocial Media	nio's? Newspaper Ad	_	Word of	mouth [Coupon	То	oday's D	ate
								/	/
Contact Inform	nation 0	n File: Vendor	ID Agent II	Permit		MIDDLE NAME			
HOME ADDRESS			Apt.#	CITY			STAT	E ZIP	
BUSINESS NAME AND ADDRESS				CITY			STAT	TE ZIP	
(CELL#)-	_	(HOME#)-		(°	THER #			
		PHONE # TO GIVE TO CU	STOMERS		()-	-		
E-MAIL ADDRESS- Providing your email address will subscribe you to Denio's newsletter. Vendor may unsubscribe at any time online.									
AGENT FIRST NAME		AGENT LAST NAME			(P	HONE #	_		
Permit/License - Product/Service Information									
IDENTIFICATION/DRIVER LICENSE	NUMBER		ISSUING AGENC	Y		STATE OR COUNTR	Y EXPIRATION		
CALIFORNIA SELLER'S PERMIT #		VERIFIED & ATTAC	CHED OTHER PERMIT 1	YPE		OTHER PERMIT NUI	MBER		
WHAT PRODUCTS OR SERV	<mark>ICES DO YOU SELL</mark>	OR PROVIDE? PLEASE BE S	PECIFIC. YOU MAY	NOT BRING DIF	FERENT PROD	DUCTS THAT HA	VE NOT BEEN A	APPROVED B	Y DENIO'S
Vehicle Inform	nation - Ple	ease provide infor	mation for v	ehicles you	will hav	re at the m	narket	COLOR	
MAKE		MODEL		LICENSE #		YEAR	1	COLOR	
Emergency Contact Information & Signature Lines									
LAST NAME		FIRST NAME				()	-	-	
I/we certify that the above information is true and correct to the best of my/our knowledge. Knowingly providing false information may result in termination of vendor's License Agreement with Denio's. I/we agree to abide by the terms and conditions as stated in the License Agreement.									
Vendor Signatur	re:								
Authorized Age	nt Signatur	e:							
Office Use Only							Re	enewed	
Space Number							YE	S N	0
								Othe	er Space