

Survey? YES NO

Denio's Vendor Information Form

NEW VENDOR CONVERSION RETURN VENDOR UPDATE

What brought you to Denio's?

Website Social Media Newspaper Ad TV/Radio Word of mouth Coupon

Other _____

Today's Date

____ / ____ / ____

Contact Information

On File: Vendor ID Agent ID Permit

LAST NAME FIRST NAME MIDDLE NAME

HOME ADDRESS Apt.# CITY STATE ZIP

BUSINESS NAME AND ADDRESS CITY STATE ZIP

(CELL #) - (HOME #) - (OTHER #)



() - -

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 (PHONE #) - -

Permit/License - Product/Service Information

IDENTIFICATION/DRIVER LICENSE NUMBER ISSUING AGENCY STATE OR COUNTRY EXPIRATION

CALIFORNIA SELLER'S PERMIT # VERIFIED & ATTACHED OTHER PERMIT TYPE OTHER PERMIT NUMBER

WHAT PRODUCTS OR SERVICES DO YOU SELL OR PROVIDE? PLEASE BE SPECIFIC. YOU MAY NOT BRING DIFFERENT PRODUCTS THAT HAVE NOT BEEN APPROVED BY DENIO'S

Vehicle Information - Please provide information for vehicles you will have at the market

MAKE MODEL LICENSE # YEAR COLOR

MAKE MODEL LICENSE # YEAR 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 Signature:

Authorized Agent Signature:

Office Use Only

Space Number

Renewed

YES NO

Other Space