INTERESTED IN BECOMING A CUSTOMER?

PERSONAL

Name _____ Phone _____

Email _____

BUSINESS

Business Name _____ Website _____

Business Address _____ Years in Business _____

City _____ State _____ Zip _____

SHIPPING

Shipping Address _____ ☐ Same as Business Address

City _____ State _____ Zip _____

Do you have more than one location? ☐ Yes ☐ No

Market Segment

- ☐ Schools
- ☐ Hospitality
- ☐ Military
- ☐ Office Supply
- ☐ Vending Machines
- ☐ Prisons/Corrections
- ☐ Micro Markets
- ☐ Office Coffee
- ☐ Retail
- ☐ Other _____

Where do you source your product today? _____

Estimated volume per order?

- ☐ $100 - $500
- ☐ $500 - $1,500
- ☐ $1,500 - $3,000
- ☐ $3,000 - $5,000
- ☐ $5,000 - $10,000
- ☐ $10,000+

Order Frequency:

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Yearly

Submit Form To vssc@vendorssupply.com