



**ASHLAND
FOOD CO+OP**

EST. 1972

237 N. First St., Ashland OR 97520 • (541)482-2237
www.ashlandfood.coop

NEW VENDOR APPLICATION For Non-Inventory Vendors

Return by fax or email to 541-210-8703 / accpay@ashlandfood.coop

1

LEGAL NAME (as shown on your tax return):	COMPANY NAME (shows on all your invoices):	DATE SUBMITTED:
REMITTANCE ADDRESS (street or PO box):	CITY:	STATE, ZIP (& COUNTRY if outside the US):
CONTACT PERSON:	PHONE:	FAX:
EMAIL:	WEBSITE ADDRESS:	AFC CONTACT NAME:
PAYMENT TERMS REQUESTED:	BUSINESS SERVICE PROVIDED:	
TYPE OF ORGANIZATION:		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation		
Do you have a relative or significant relationship with any Ashland Food Cooperative employee(s)? If yes, please describe below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

2

By signing below, I certify that all information provided on this application and the attached W-9 form is accurate and true to the best of my knowledge.

Signature

Title

Date

I have completed the W-9 form that's included as part of this application.

3

Department Manager Authorization

DEPARTMENT NAME: _____	SERVICE PROVIDED: _____
MANAGER SIGNATURE: _____	DATE: _____

