



# RIDGE MEADOWS HOSPITAL FOUNDATION

SUPPORTING THE BEST IN HEALTH

## Merchant Application Form

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Photos/brochure attached:  Yes  No OR Please view my website:  Yes  No

Describe the product(s) that you sell: (this will be listed as your description on our website)

\_\_\_\_\_  
\_\_\_\_\_

What are your price ranges: \_\_\_\_\_

What makes your product(s) unique: \_\_\_\_\_

Have you or do you sell at other vendor programs?  Yes  No

If yes, where and for how long? \_\_\_\_\_

What are your average daily sales? \_\_\_\_\_

How many years have been selling your products? \_\_\_\_\_

For Office Use Only	
Merchant Name: _____	
Approved by selection committee: <input type="radio"/> Yes	Waiver Received: <input type="radio"/> Yes
Contract / Agreement Received: <input type="radio"/> Yes	Scheduled Dates: <input type="radio"/> Yes