

New Non-Resale Vendor Form

Contact information: Company Name: _____ Company Address: Contact Name and Title: Company Address: Phone Number: Tell us about your product or service: What is your product or service?_____ What area(s) of the company would benefit from your product or service?_____ Why would Dierbergs Markets benefit from using your product or service?_____ Tell us about your company history: Are you a local company? _____ If not, where are you based?____ How long have you been in business?_____

Do you have a website? If yes, please provide a URL. ______