

# Drover Local Vendor Application Form

Business Name: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Business Contact Phone: \_\_\_\_\_

Business Contact Email: \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

Proposed Discount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Website / Facebook URL: \_\_\_\_\_

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Yes, \_\_\_\_\_ **accepts these terms and conditions.**  
**Company Name**