VENDOR REGISTRATION FORM

Company Contact Information	
Company Name	
Phone Number	
Email Address	
Point of Contact	
Contact Phone Number (if different from above)	
Mailing Address	
Website	
Do you accept the following?: (Check all that apply)	Cash _____ Debit Card _____ Credit Card _____ Check _____ Payroll Deduct _____
Would you like to donate additional funds to United Way of Daviess County?	No _____ Yes _____ If yes, how much? _____
If donating, how would you like to donate?	Cash _____ Check _____ % of sales _____ % Amount, if applicable _____ This can be paid before, during and/or after the event. You may also opt to have the amount deducted from the payroll deductions.

Note: Payroll deduct is a deduction from the employee who is purchasing your product(s). This deduction will be made on our next payroll cycle. Once these deductions are made, a check will be made out to you in the amount of the total payroll deductions. This check can be mailed or picked up at the hospital. Allowing this option for employee will likely guarantee more sales for you, as this is the option that most employees opt for.