

EMAIL ADDRESS TO SEND THIS FORM:
vendor@eminencecup.com



New Vendor Inquiry Form

EMINENCE CUP

www.eminencecup.com

IMPORTANT NOTE:

*Use printed letters only, cursive letters will not be accepted! Must be completed in English.

DATE OF INQUIRY _____ / _____ / _____
Month Day Year

VENDOR SPECIALTY

Check appropriate boxes that indicate your specialty. You can select multiple boxes if its applied to you. Each category will be priced individually.

SERVICES

- | | | | |
|------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Hairstyle | <input type="checkbox"/> Nail Art | <input type="checkbox"/> Photography | <input type="checkbox"/> Video |
| <input type="checkbox"/> Makeup | <input type="checkbox"/> Therapy & SPA | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Live Streaming |

PRODUCTS

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Clothing | <input type="checkbox"/> Tanning Products | <input type="checkbox"/> Vitamins & Supplements |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Jewelry & Accessories | <input type="checkbox"/> Skincare & SPA Products | <input type="checkbox"/> Hair Products |
| <input type="checkbox"/> Nail Products | <input type="checkbox"/> Makeup Products | <input type="checkbox"/> Software | |

OTHER

- | | | | |
|-------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Undefined |
|-------------------------------|--|--------------------------------------|------------------------------------|

Notes: _____

VENDOR INFORMATION

COMPANY _____ YOUR FULL NAME _____
Legal Name, DBA if applied *Name* *Title*

COMPANY ADDRESS _____

PHONE _____ EMAIL _____
Include international access code

WEBSITE _____