SHARED HARVEST MARKET – The ELGIN FOOD COOPERATIVE

New Vendor Application www.sharedharvest.coop



Are You Interested in becoming a Shared Harvest Vendor? Please fill out this Application online and submit. Or print and send it to Shared Harvest, POB 884, Elgin, IL 60121. WE WILL BE IN TOUCH SOON!

Business Name_____

Mailing address_____

_____

Alternate address (please explain) _____

_____

Website_____

Social Media_____

Business Phone_____

Cell Phone_____

Fax_____

Email _____

Owner's Name_____

Main Contact Person_____

Business Tax ID #_____

Products you could provide us:

- Product types:

  _____

  _____

  _____

- Availability of products throughout the year:_____

Please feel free to call us at 847-873-9995 or email carol.rauschenberger@gmail.com to ask questions or make an appointment. Www.sharedharvest.coop