



Vendor Sign Up Sheet

As of date: _____ Business Owner Name (or if checked __ Authorized Entity

Representative Name):		
of Business Name (Vendor)		
Located at Business Address:		
in the County of:	Use and Ma endor agrees io4Food plat ustomer with	rketplace Addendum posted on to accept <u>85%</u> of the total amount of form, not including delivery fees or tips, hin day(s) or1_ week(s). Terms
Business (Vendor), Independent Contractor		
Owner/Representative Name		Signature
Business Name		Today's Date
Mobile Phone		Business Main Phone
E-mail		Website
Business Address		
Address City		State Zip Code Suite #
How would you like to receive payments? PayPal_ Venmo ZelleStripeOther		How would you like to receive orders? Email GPRS Fax Text Msg
Business Developer, Independent Contractor		
Name		Signature
Email		Phone
Go4Food Deliverer ID #		Today's Date