



Vendor Application

Please open the document in Adobe Acrobat or another pdf reader. There are two ways to complete and send the form:

You can print the document, fill it out by hand and mail it to -

Buy Iowa
P.O. 292
Red Oak, Iowa 51566

Or fill out the fields in Adobe Acrobat and click the **SUBMIT** button at the bottom.

Date:
Name:
Address: City: State: Zip:
Phone:
Email:

If you currently own a business please fill out the information below:

Business Name:
Address: City: State: Zip:
Phone:
Email:
Is this business: Full Time Part Time Occasional

What is your preferred method of immediate contact regarding schedule changes?

Phone: Email:

Please describe your product(s):

Reporting of demographic information about those who access RDRC program services is required by the RDRC funding sources that make these services available. The following information will be provided to funders and partners in a format unassociated with your name or business name.

What is your gender? Male Female
What is your age range? 15-21 22-35 36-55 Over 55
Are you: disabled a veteran a disabled veteran
Are you: Caucasian African American Hispanic Asian Pacific Islander Native American
How many people are in your household?
Is there another adult in the household who is employed? Yes No
Is he/she employed: Full Time Part Time
Are you employed: Full Time Part Time
Are you employed by someone other than yourself? Yes No
In what area do you work? Government Retail Manufacturing Service Other