



BECOME A VENDOR!

Complete and submit the New Vendor Application to:

bookkeeper.tolcenter@gmail.com or mail it to Manager, TOL Center, New Vendor Request, 30 Crossland Avenue, Clarksville, TN 37040.

The Market @ The Tree of Life Center is proud to support local and regional purveyors.

Please complete the application below to begin the process of becoming one of our vendors.

Company/farm name: _____ Date: _____

Type of product(s): _____

Is your product 100% organic? _____ Is your product Green Certified? _____

Location of company/farm: _____ Zip code: _____

Phone number: _____ Email: _____

Complete the following checklist as your company meets The Market @ The Tree of Life Center vendor requirements:

- FDA-legal labeling, complete ingredient and nutritional information on prepared food products as required by law for your specific product
- No artificial colors, sweeteners, fillers, preservatives, or flavors; 100% natural product A scan-able UPC/barcode; The Market @ The Tree of Life Center is not affiliated with any provider Supply must be able to keep up with demand (please keep in mind that we prefer to always keep inventory in stock on our shelves)
- All deliveries must be accompanied with two invoices: 1) a pay-from invoice that contains an itemized list of the items delivered and the total invoice price, and 2) an invoice that one of our team will check in and sign for you to keep as proof-of-delivery
- We need, in advance of stocking, wholesale costing and suggested retail pricing information
- It is important that we know where you source your products or ingredients
- We feature our local and regional vendors' websites or Facebook pages on our website, and request that our vendors place a reciprocal link (www.treeoflifecarkville.com) on their websites or Facebook pages as well
- Commit to six demonstrations within the first three months of The Market @ The Tree of Life Center carrying your product
- Commit to four demonstrations per year after the first three months
- Provide your company's W-9
- Copy of insurance Please print and sign your name and date below acknowledging your commitment and agreement to the vendor requirements. Thank you for your interest in becoming a The Market @ The Tree of Life Center vendor!

Print _____ Sign: _____

Date _____