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[**www.thentba.com**](http://www.thentba.com)

# PROSPECTIVE VENDOR APPLICATION

Company Name:

Address: City: State: Zip Code:

Website (list all which are applicable):

Representative Name:

Office Phone #: Cell Phone #:

Email Address:

Products or Services/Offered:

**Service Providers**

Do you provide the services yourself or are they outsourced:

If you use a sub-contractor please list:

**Product Providers**

Are you a DSD company:

If you are not DSD witch distributor network delivers your products (list all related to DFW area):

Target Consumer:

Number of years your company has been in business:

Have you previously ever worked with or are working with:

|  |
| --- |
| **Business Type: Please Check the box which Applies** |
| * Convenience Store NO GAS
 | * Convenience Store WITH gas
 |
| * Sundry Shop
 | * Liquor Store
 |
| * News stand
 | * Supermarket
 |
| * Hotel
 | * Business Office
 |
| * Bakery
 | * Restaurant/Food Services
 |
| * Tobacco Shop
 | * Candy Store
 |
| Other: |

How did you hear about NTBA:

Please explain what goals you would like to accomplish in working with NTBA:

Please Submit the Following Documents:

* Product/Service Brochure
* Business Proposal
* Market Share Reports
* Product Movement Reports
* Distribution/Delivery Report

Important Information: We do not guarantee acceptance based solely on this application. All information in this application must be accurate and complete in order for acceptance. Incomplete applications are NOT accepted. We reserve the right to approve or decline your application based on ANY of the information you provide us. If you withhold information needed in order to review your application or consider it complete NTBA can decline your request. All vendors must sign and agree to a Non-disclosure Act. This is to preserve the integrity of our members and our organization. NTBA cannot be held liable for the actions of its members.

Signature: Date: