

## **Direct Producer Partnership Application**

Selling Your Goods Directly to Coop

Business Name: Mailing Address: Web Site:				
Contact Information fo	r Purchase & Payment:			
Name	Phone	Ema	ail	
What do you want to s	ell at the Coop? Pick up to 4 it	tems to st	art	
Product Name & Description			Retail \$	Coop \$*
much harder if we have	with lower prices, *and* we need higher prices. We can cover <b>mo</b> u <b>Manage Your Business:</b>	ost of our	•	
Do your products have				
Do your products have Do your products have Do they include ingredic	printed labels?			
Are your ingredients org				
Are ingredients for your Are your products all m	products all from Oregon? ade in Oregon?			
	lead with any marketing info about what you want to sell?			

What else would you like us to know about your business/products?