

Vendor Application Form

Agreement Details

TO BECOME A VENDOR ON SHOP IPSWICH, MEMBERS MUST ACKNOWLEDGE THEY HAVE READ AND AGREE TO THE FOLLOWING POLICIES

YES, I agree to the terms of the [Shop Ipswich Vendor Policy](#)

YES, I agree to the terms of the [Shop Ipswich General Terms and Conditions](#)

Vendor	Business Name	
	ABN	
	Address	
	Phone Number	
	Website	
	Business Email	
	Contact Person	
	Contact Phone	
Administration Fee	Only charged on sales processed through the Shop Ipswich site	10%
Mini-Site Details	How will you use this site	<input type="checkbox"/> Retailer <input type="checkbox"/> Service Provider
	Type of Business	
	Shipping Methods	<p>If you are a Retailer, what shipping methods will be offered (select one or more):</p> <input type="checkbox"/> Free Shipping <input type="checkbox"/> Pick Up In Store <input type="checkbox"/> Paid Shipping

Your banking details for receipt of payments	Bank Name	
	BSB	
	Account Number	
	Account Name	
Business Description and History	<i>(Provide an initial overview of your business for your Shop Ipswich Business Profile)</i>	
What Services / Products will you be offering	<i>(Provide details of your first Shop Ipswich product or service listing)</i>	

Signature

Name (Please Print)

Date