



600 Palm Ave
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Imperial Beach, CA 91932
619-289-7066
gm@suncoastmarket.coop
suncoastmarket.coop

NEW VENDOR PROFILE

Please complete all the information in the form below

VENDOR PROFILE

(Only fill out if you will be selling directly to SunCoast Market Co-op)

CONTACT INFORMATION

Business Name	
DBA (if any)	
Contact Phone	
Email	
Business Address	
City	
State	
Zip	

ABOUT YOUR COMPANY

Website URL	
Facebook	
Instagram	
X (formerly)Twitter	
Blue Sky	
Other	

BROKER INFORMATION (if applicable)

Broker	
Broker Phone	
Broker Email	
Broker Business	
Address	
City	
State	
Zip	

ACCOUNTING INFORMATION

Accounting Contact	
Accounting Phone #	
Tax ID Number	
Type of Business	
Checks Payable To	
Billing Address	
City,State	
Zip	

INSURANCE AND PRODUCT INFORMATION

(Complete all information)

PRODUCT LIABILITY INSURANCE

Insurance Carrier	
Policy Number	
Coverage Amount	

A minimum of 1 million dollars in coverage is required
A copy of the policy must be included with submission.

In the event of product quality issues we need the following information:

Contact Name	
Contact Phone	
Contact Email	

PERMIT INFORMATION

Cottage Food #	
Expiration Date:	
County #	
Expiration Date:	
USDA #	
Expiration Date:	
Dept of Agriculture#	
Expiration Date:	