



Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website (opt.): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Merchandise description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NC Department of Revenue or EIN tax ID# if available: \_\_\_\_\_

Questions? Call or send a text to: 919-426-2223 or email:  
rolesvillencfarmersmarket@gmail.com