



Application for Preferred Purveyors

T.O. Member Sponsor _____ Date: _____

Company Information

Company Name: _____

Address: _____ Zipcode: _____

Phone: _____ Fax: _____

Contact Person: _____ Cell: _____

Owner/Representative: _____

Other Contact (Manager, etc.): _____

Phone: _____

Website address: _____

E-Mail address: _____

When did your company begin its business? _____

What type of products or services? _____

Hours of Operation: _____

Membership dues are \$500 per year

Please complete and scan/e-mail this form to: TucsonOriginals@gmail.com

Or Mail to: Tucson Originals
Post Office Box 31496
Tucson, AZ 85751

***Thank you for your support of Tucson Originals!
You may call 520.477.7950 with any concerns or questions anytime.***