



PROSPECTIVE VENDOR APPLICATION

INSTRUCTIONS	
Please return application form, detailed product information and a photo of your product to:	ShopHQ ATTN: New Vendor Department 6740 Shady Oak Road Eden Prairie, MN 55344
<i>Applications are reviewed on a weekly basis.</i> <i>Approved prospects will be contacted to begin the New Vendor Process.</i>	
COMPANY INFORMATION	
NAME:	
TITLE:	
COMPANY NAME:	
COMPANY PRESIDENT:	
KEY CONTACT:	
INSURANCE COMPANY:	
DOLLAR AMOUNT OF COVERAGE:	
CONTACT INFORMATION	
MAILING ADDRESS:	
PHONE #:	
FAX #:	
EMAIL ADDRESS:	
PRODUCT INFORMATION	
DEPARTMENT/CATEGORY:	
PRODUCT LINE:	
SPECIALTY:	
AVERAGE PRICE POINTS:	
TARGET CONSUMER:	
SELL TO:	
BUSINESS TYPE:	
OTHER TYPE:	
YEARLY VOLUME:	

TO BE COMPLETED BY SHOPHQ

DATE RECEIVED

☐ APPROVED for Set-Up

FORWARDED TO

DATE

Additional Information

Shipping Address:

Returns Address:

Units of Hand:

Lead Time:

Patents, Trademarks, etc. (please list):

TV/DRTV Exposure (please list):

Product Claims:

(L-Label/ V-Verbal/ O-On Air

Note: List each claim (up to 10) and what study confirms the claim usage.

1.)

2.)

3.)

4.)

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10.)