



Stevens Health & Nutrition Center Inc.  
My New Life Leaving the Old One behind Education Conference

**VENDOR APPLICATION:**

According to The Stevens Health & Nutrition Center Inc. Policy, “No NEW VENDOR will be added until the vendor has been approved by the Finance Director. Also, all new vendor accounts must be signed prior to any purchase agreement. This form **MUST** be completed by the initiating department and submitted to the Finance Department.

Finance Director: \_\_\_\_\_

DATE: \_\_\_\_\_

Initiating Department Needs to Complete the following: Dept.: \_\_\_\_\_

TYPE OF VENDOR: \_\_\_\_\_

VENDOR

NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**For Office Use Only:**

Finance Department Approval { } Disapproval { }

SPACE Number { }

Pay by check to SHNCI 3600 South State Road 7 Suite 310 Miramar, FL 33023

We would like to purchase vendor space.

Make checks payable to Stevens Health & Nutrition Thank you for your support!

Vendor Space Fee \$75.00

Scan to pay with Zelle@stevenshealth2000@gmail.com



3600 South State Road 7  
Suite 310 Miramar, FL 33023  
Non-Profit Organization 501(c) (3)

Scan to pay with Cash App



Stevens Health  
\$StevensHealth