



CURBside



CURBSIDE VENDOR APPLICATION

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

BUSINESS NAME: _____ YEARS IN BUSINESS: _____

BUSINESS DESCRIPTION:

Please email completed form, as well as a picture of your truck/cart, to Margaret Povey, Regional Manager, Specialty Leasing and Partnerships at Margaret.povey@ivanhoecambridge.com.



OUTLET COLLECTION
- AT NIAGARA -