**Vendor Agreement Form**

By signing this form, I agree to honor the following expectations of the Crop Cash Program:

1. I will only accept 2018-2019 Crop Cash (yellow border) between May 1, 2018 and April 30, 2019.
2. I will only accept Crop Cash from this market (see sticker on incentive).
3. I will only accept Crop Cash as payment for fresh fruits, vegetables, herbs, seeds, and starts meant for human consumption.
4. I will not give any cash change for partially spent Crop Cash.
5. I will submit redeemed Crop Cash to market managers for reimbursement in a timely manner according to the farmers market’s reimbursement schedule.
6. I will display the “We Accept Crop Cash” sign at my stand.

|  |  |  |
| --- | --- | --- |
|  | **Farm/Farmer Name** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |