VENDING MACHINE PLACEMENT APPLICATION

Complete this application so Sky Valley Vending LLC can evaluate your placement for vending service.
Please complete all required fields marked with an asterisk and email to info@skyvalleyvending.com (*).

PLACEMENT INFORMATION

Placement Name *

Address *

City *	**State ***	**ZIP ***

Placement Type * ***Hotel, Office, etc.***

Multiple Locations Need Placement *
☐ Yes ☐ No

PLACEMENT CONTACT

Authorized Contact *

Job Title *

Phone *

Email *

PLACEMENT OPERATIONS

Main Hours of Operation *

Multiple Shifts *
☐ Yes ☐ No

After Hours Access *
☐ Yes ☐ No

Open 24 hrs *
☐ Yes ☐ No

PLACEMENT ENVIRONMENT

Will machines be placed in a high foot traffic area? *
☐ Yes ☐ No

How many people are expected to use or pass by the machine(s) daily?
☐ 1-10 ☐ 10-25 ☐ 25-50 ☐ 50-75 ☐ 100-150 ☐ 150-200 ☐ 300-400 ☐ 400-500 ☐ 500+

Does the establishment or workplace provide food or beverages that may affect vending services?
☐ Yes ☐ No

Secure, private Wi-Fi network available if needed? * *(Please note guest or public Wi-Fi networks are not sufficient)*
☐ Yes ☐ No

TYPES OF SERVICE

Type of Services *
☐ AI Smart Cooler ☐ AI Smart Freezer ☐ Pokémon Machine ☐ Power Bank Rental Machine
☐ Traditional Snack Machine ☐ Traditional Beverage Machine ☐ Traditional Combo Machine
☐ Traditional Vandal Resistant Machine ☐ Other

ADDITIONAL INFORMATION