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.***	**Hours of Operation ***

PLACEMENT CONTACT

Authorized Contact *

Job Title *

Phone *	**Email ***

PLACEMENT OPERATIONS

Multiple Shifts * ☐ Yes ☐ No	**Multiple Locations Need Placement *** ☐ Yes ☐ No

Employees, Customers, Guest or Students at This Location *
☐ 1-10 ☐ 10-25 ☐ 25-50 ☐ 50-75 ☐ 100-150 ☐ 150-200 ☐ 300+

PLACEMENT ENVIRONMENT

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

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 *
☐ Traditional Snack Machine ☐ Traditional Beverage Machine ☐ Traditional Combo Machine ☐ AI Cooler
☐ AI Freezer ☐ Not Sure

ADDITIONAL INFORMATION