



# VENDOR CONTRACT

Please complete the following information. Copy provided upon request.

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Instagram: # \_\_\_\_\_

Product / Service Description: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Additional Info: \_\_\_\_\_

**Vendor Fee: \$10hr**                      **Table Rental: \$5 ½ day or less / \$10 full day**  
**Number Hours: \_\_\_\_\_**              **Tables required: \_\_\_\_\_**              **TOTAL: \$ \_\_\_\_\_**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Studio Use Only</b>	
<b>Paid via:</b>	<b>Date:</b>