

# CLS Vendor Application

**Vendor Check – In will be the Monday of Show week. (Please refer to Schedule of Events)**

**IMPORTANT NOTE: Booth Deposit Fee of \$100 are due upon receipt of this application.**

**Vendor Information:**

Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

PLEASE ATTACH A PICTURE OF BOOTH TO APPLICATION EXACTLY AS IT WILL LOOK DURING THE SHOW!

ALL SPACES WILL BE APPROXIMATELY 8' X 10'

Number of Booths Desired: \_\_\_\_\_

Make checks payable to CLS and mail to:

CLS  
c/o Commercial Booth Exhibits Committee  
PO Box 697  
Cleveland, Texas 77328

Items to be sold or displayed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*\*\*\* COMMITTEE USE ONLY \*\*\*\*\*

Booth Picture Included: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Rcvd: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ csh/ck/mo

Approval: \_\_\_\_\_

Space #: \_\_\_\_\_