

Human Family Day Celebration

Vendor Agreement

Contact Name _____ Date _____

Business/Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ Fax _____

Email _____

Website _____

Description of Product/Service: _____

Vendor's Fee of \$250 covers the following Products and Services:

- Table Space available on the day of the event. Vendors are responsible for providing a table, tablecloth, set-up and any equipment. Table space will be provided on a first come basis.
- Vendor's business card will be advertised in the *Barbershop Talk Human Family Day Foundation, Inc. Souvenir Book*.

Vendor Terms of Agreement

- It is the vendor's responsibility to supply the necessary information for advertisement and to follow through with all engagements; assuming responsibility for all claims that may arise from their participation in this event.
- Nail marks are not permitted for hanging items on the walls.
- Once set, the sales price for goods or services must not be changed.
- Set-up should be done at specified time.
- Be prepared to receive the public at specified time.
- Vendor agrees to maintain the area of his/her exhibit in an orderly manner.
- Vending activity will run before, during and after program.
- Space is reserved only when full payment is made.
- Due to time constraints, acceptable forms of payment are Cash, Money Order or Certified Check.
- Credit Cards accepted at www.BarbershopTalkHFD.org
- All transactions are final.
- No payments are accepted the day of the event.
- Only Cash, Money Order, Certified Check or Credit Card payment is acceptable for event as Final Payment.

Make inquiries to: 215.879.9935, Fax: 215.476.8960
or BarbershopTalk.org@gmail.com

You may also download the Vendor Agreement on our website: www.BarbershopTalkHFD.org

Make Certified Check or Money Order payable to:
Barbershop Talk Human Family Day Foundation, Inc. or (BTHFDF)
5031 West Diamond Street, Philadelphia, PA 19131

By signing the form below, the Vendor agrees to all terms and conditions stated in the application.

Vendor's Name/Title (PLEASE PRINT)

Authorizing Signature/Title Date

Do not write below this line

For Office Use Only

Payment Type:

Check # _____ Money Order# _____ Cash _____

Amount Paid _____ Balance Due _____

Date _____ Received by _____