

# VENDOR APPLICATION

## OUTDOOR COVERED SPOTS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Business name: \_\_\_\_\_

Sales Tax ID REQUIRED (Please also provide a copy)

SALES TAX ID NUMBER: \_\_\_\_\_

Description of what you sell: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Size of space requested:

12x12 (\$25) \_\_\_\_\_ 12X24 (\$50) \_\_\_\_\_

If you need additional space please let us know! If you have any questions please email us!

Save and e-mail completed application to **tmt@tradedays.org** or bring in paper copy.

Office Phone: 469-684-3464 Website: <https://tmt.tradedays.org>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_