

WAXAHACHIE TRADE DAYS

VENDOR APPLICATION

NAME _____ DATE _____

BUSINESS NAME: _____

TEXAS TAX ID#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBERS: _____

EMAIL ADDRESS: _____

LIST TYPE OF MERCHANDISE YOU PLAN TO SELL: _____

REQUESTED BOOTH SPACE: _____ INSIDE _____ OUTSIDE

ALTERNATIVE SPACE WANTED: _____ INSIDE _____ OUTSIDE

TABLES NEEDED: _____ YES/ NO _____ # NEEDED _____

AMOUNT PAID \$ _____ (FOR OFFICE USE)

BY SIGNING THIS FORM, I AGREE THAT I WILL NOT HOLD FAITH TRADING CO. L.L.C.,
D.B.A. WAXAHACHIE TRADE DAYS, ANY OF ITS VOLUNTEERS, OR ANYONE ASSOCIATED WITH IT
LIABLE OR RESPONSIBLE IN ANY WAY, FASHION, OR FORM.

PRINTED NAME

SIGNATURE

VENDORS PLEASE CONTACT US @ WAXTRADEDAYS@YAHOO.COM OR 903-286-0183

IF MAILING PAYMENT, PLEASE MAIL TO: WAXAHACHIE TRADE DAYS
ATTN: DEAN WORLEY
P.O. BOX 335
EUSTACE, TX 75124