

North Central Psychic Fair

Vendor Agreement: To be Submitted

Submission to:

- email: northcentralpsychicfair@outlook.com
- mail: PO Box 69 Oroville, WA 98844

Name of Company/Vendor: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt Phone: (____) _____

Email: _____

(Please use an email address that you check regularly, as this will be used as the primary method of contact.)

Product Category: _____

General description and price range of the products you plan to have available:

Specifics:

Do you wish to have your information posted on the North Central Psychic Fair website page? Yes___ No___

If you selected YES, please include relevant social media links and email us photos for display: _____

For each fair you attend, you will be asked if you wish to be included within the monthly newsletter, with any relevant information (like discounts or seasonal items).

What level of frequency do you plan on attending?

Each Month _____ Every Few Months _____ Couple Times a Year _____

Pre-Payment:

When being charged for the upcoming fair, which payment method works best for you? (Please include relevant information for selected payment preference.) You will not be invoiced until the relevant fair you will be attending.

PayPal Invoice _____

Check (to be mailed in) _____

Cash: As this is not a form of pre-payment, acceptance into the fair will be subject to availability the day of. At that time, you will be required to supply the cash.

Spot Option: Single Table or 10X10 Space

You are eligible to select either form. When you sign up for the coming fair, you will select and inform the manager which type of space you want. What you selected for the previous fair does not obligate you for the next fair you attend. Each fair will require your selection.

Do you need an electrical outlet at your spot? Yes_____ No_____

Comments/Questions:

Participation Agreement:

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material.

I acknowledge that as a vendor, I agree to indemnify and hold harmless Rae Beecher and Rae Medicine Woman LLC, DBA: North Central Psychic Fair from and against all liability, claims, demands, losses, damages, levies, and other expenses, including causes of action, suits, or attorney's fees of any nature whatsoever arising out of or related to the applicant's activities or suffered by reason of the management's negligence or that of its agents or employees. All federal, state, and local laws governing retail sales must be followed. I understand the rules and regulations and will comply. I realize that failure to comply may result in my expulsion.

My signature states that I have read the North Central Psychic Fair Policy, including all rules and disciplinary processes, understand them fully, and agree to comply with them. I am at least 18 years of age and fully understand my responsibilities, obligations, and liabilities. (Vendors under 18 require a parent or legal guardian signature.)

Applicant's Signature: _____ Date: _____

Guardian's Signature: (if applicable) _____ Date: _____