

Vendor Contract

Company Name

Contact Name

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Description of products: (List of food and prices you may attach a separate page)

Name of Insurance Company _____

Number of spaces _____ @\$150.00 per space = \$ _____

Add one time payment of \$25.00 if hydro required \$ _____

Grand Total \$ _____

I have read the Vendor Information provided with this application and agree to the Terms and Conditions outlined in it. I have included all pertinent paper work and copies.

Dated this _____ day of _____ 2019.

Vendor Signature