

Regular Vendor Contract for the Shannonville World's Fair 2023 (Non-Food Truck)

Company Name:	
Contact Name:	
Address:	
Tel. #: Email:	
Description of Products: (If needed, list of products/prices may be	e attached
Name of Your Insurance Co. & Policy:	
You may also apply for our Vendor Event Insurance Coverage du	
https://apps.ca.ics.duuo.ca/reflink?	
category=OB&entity=prt&view=new&prescriptionGroup=oaassv	rwf
 Number of spaces to be rented@ \$25.00 per spa Total Payment Required 	= \$ = \$
Select Your Payment Option	
• E-transfer to saspayments8420@gmail.com (use security or	
 Mail cheque and application form to Shannonville Agricul Shannonville, Ont. K0K 3A0 	tural Society, P.O. Box 228, —
I have read the Vendor information provided with this application outlined in it. I have included all payment and pertinent paper	
Dated this day of 2023	
Vendor Signature	(Just print if digital)