



**United Holy Church of America
Northern District**

**Minister Fred King
Chairman, Board of Trustees
Phone# 609-267-5171**

Vendor Agreement

Agreement Date _____

Vendor Name _____

Vendor Address _____

Vendor Phone# _____ **Vendor email** _____

Event - ND Convocation

Vending Items/Wares _____

Dates Attending (circle one) - Weekly rate (\$350) or Daily rate (\$70) (circle days attending) (Tue, Wed, Thurs, Fri, Sat, Sun)

Vendor signature _____

This portion to be completed by the Vendor manager

The Standard weekly rate of \$350.00 is applied to all vendors, unless said vendor is scheduled to attend less than the stated weekly time frame (stated opening date through the closing date of the event). The daily rate of \$70.00 per day shall apply for all vendors attending unless they use the standard weekly rate.

Amount Received from the vendor _____

Method of Payment:

(Check, MO#, CC#, Debit Card#) _____ Exp. _____

Vendor Manager/designee signature _____