

Vendor Application

Business Name:					
BusinessAddress/Mail Address:					
ContactPerson:					
Phone:		Email:			
Type of Items for Sale:			Sales Tax ID :		
Notes:					
Rental Fees					
Member:		Non-Memb	er:		
10 x 10	\$150	10 x 10		\$175	
20 x 10	\$275	20 x 10		\$300	
Electrical	\$15	Electrica	l	\$15	
Total Cost:			Total Cost:		
*Vendors and exhibitors must have event insurance. Please consult Chamber for details.					
Payment Terms: Cancellation must be 2 weeks in advance for full refund.					
Payment:	Payment: ☐ Bill Me (Members Only) ☐ Check				
	Credit Card:	□ Visa □ Master Card	□ AMEX	□ Discover	
Credit Card No.:					
Exp Date:/	CVM Code:	Signature:			

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