

Tattoo Space Agreement

Credit Card Information	Make checks payable to:	Size	Price	Total
Card No.:	HRCP Payments received by Hot Rodz Catering & Promotions, 45 days prior to the event, must be in the form of a Money Order, Certified Check or Cash only.	_10x10	\$450	
Expiration:		_10x20	\$900	
Security Code:		10x30	\$1300	
Billing ZIP:	For Office Use Only			
Date:	Date Paid:			
Signature:	Paid by: CC / Check / MO / Cashier Check	Bigger?	Call for price	
Additional Information Approximately 1 month prior to the event all vendors will be e-mailed exhibitor packets with all pertinent information needed for check-in. Show Hours:	Approved by:		Total Cost:	
	Mail form to: Hot Rodz Catering & Productions		**Deposit:	
			Balance Due:	
Friday 5:00PM – 10:00PM	P.O. Box 21943	20x20 and 20x30 booths are "4 Corner". ** 50% Minimum due with application.		
Saturday 10:00AM - 10:00PM	Carson City, NV 89721			
Sunday 10:00AM – 10:00PM	775-291-5008	Balan	rior to event.	
Additional Questions, Table/Chair rentals: Call Paul at 775-291-5008 for pricing.	BOOTH SPACE COST DOES NOT INCLUDE YOUR COUNTY HEALTH PERMIT FEE Each 10x10 exhibit space includes: 2 tables, 1 Draped, 1 with table cover only, 2 chairs, 1 large wastebasket, 1 sharps container and 1 outlet. Exhibitor to supply 3 prong UL approved extension cord to the outlet.			
PLEASE PRINT This request to reserve vendor space constitutes an expressed contractual agreement and by signing and dating below or by my electronic signature and date, I agree that I have read and agree to comply with the rules and regulations printed on both sides of this agreement including, but not limited to, any additional rules and regulations made on the website of said event. I agree not to relocate or sell any merchandise outside of the assigned space or sub-let booth space. I understand acceptance of monies by Hot Rodz Catering & Productions under this contract is not binding until accepted and approved by management.				
Business Name:	Contact Person:			
Mailing Address:	City:	State:		Zip:
Phone No.:	Cell:	E-Mail:		
Website:	Contact Person at show:	Show Co	ntact Cell:	
Business License No.:	Resale State:	Resale Ta	ax No.:	
Print Name:	Applicant Signature:	Date:		
Return signed original form. Make a copy for your records.				