



**Vendor Application**  
**Waco, TX - November 12-15, 2020**  
 Extraco Events Center  
 Vicki Hobbs  
 4601 Bosque Blvd.  
 Waco, TX 76710  
 Vicki@hotfair.com  
 254-224-8274



Business Name: \_\_\_\_\_

- Indoor 8 x 10 (\$350)                       Indoor 8 x 20 (\$450)                       Indoor 8 x 30 (\$700)
- Tack Trailer \$500                       **Stall Area in Show Pavilion 10 x 10 (\$350)**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Web Site: \_\_\_\_\_

RV (\$25 per night):     Wed     Thurs     Fri     Sat

The WPRA/Elite Barrel Race staff is interested in reputable vendors who can provide products or services specific to the needs of its contestants. To that end, all vendors providing services MUST meet state licensing requirements and provide evidence of qualification in written form 30 days prior to the event. The Elite Barrel Race staff reserves the right to take such action as it deems necessary in the best interest of its contestants and may accept or reject any vendor application based on that criteria.

Send this Application along with half the total space cost to the address listed above. (Spaces are very limited). If you are accepted, you will receive a contract via email within 2 weeks. Your total space cost will be due before set-up is allowed.

Products and/or services (in detail): \_\_\_\_\_

<p><b>TOTAL CHARGES:</b> _____</p> <p><input type="checkbox"/> Check here is billing address same as above</p> <p>Name on Credit Card: _____</p> <p>Billing Address: _____</p> <p>City, St, ZIP: _____</p>	<p>Credit Card:    Visa    MasterCard    Discover    Amex</p> <p>Credit Card Number</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Expiration Date: <input type="text"/><input type="text"/><input type="text"/><input type="text"/>    CVV Code: <input type="text"/><input type="text"/><input type="text"/></p> <p>Card Holder's Signature: _____</p>
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**SEND APPLICATION AND PAYMENT TO THE ADDRESS LISTED ABOVE.**  
**PLEASE MAKE ALL CHECKS PAYABLE TO ELITE BARREL RACE.**  
**ALL VENDOR SPACES MUST BE PAID IN FULL BEFORE NOVEMBER 1, 2020.**