

## Associated Students of Crafton Hills College Vendor Agreement

Company Name or Affiliation: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Dates requested: \_\_\_\_\_ Hours: \_\_\_\_\_

Fee status: (circle one)    Profit            Non-Profit

Electricity: (circle one)    Yes            No

Description of items to be sold or service to be provided:

\_\_\_\_\_  
\_\_\_\_\_

Price range: \_\_\_\_\_

Name of representative on campus: \_\_\_\_\_

I have been provided with a copy of the Vendor Procedures and agree to follow these procedures as a vendor on the Crafton Hills College campus.

I agree to pay a fee of \$\_\_\_\_\_ or \_\_\_\_\_% percentage of sales for the right to sell on the campus. Continuing access to the campus will be dependent on prompt payment of fees.

Checks made payable to **Crafton Hills College ASB**.

\_\_\_\_\_  
Signature of Owner or Manager Date

Office Use Only

\_\_\_\_\_  
Date Approved                      Signature of Advisor of Designee

Amount Due: \_\_\_\_\_ Payment Received: \_\_\_\_\_