

Uptown Station Vendor Agreement

P.O. / Invoice Number: _____ Company/Vendor Name: _____

Contact name & phone number: _____

EVENT INFORMATION

Date of event: _____ Time of event: _____

List services provided: _____

Price charging to us: _____ Price charging to public: _____

Amount of space needed: _____ Tent size: _____

List any needs that you have (water/electric/lighting): _____

Do you have liability insurance for your company? Yes No
Do we have it on file? Yes No

****Please provide a copy of Insurance Certificate with this form listing:**

**99 Eglin LTD
99 Eglin Parkway Suite 9
Fort Walton Beach, FL 32548
As additional insured.**

This agreement shall be seen as binding. It is your guarantee to fulfill your signed commitment of services at date and time listed above. In the event of inclement weather the event maybe rescheduled to another date and time.

Signature of Vendor: _____ Date: _____

Signature of Event Director: _____ Date: _____