

2025 EXTRAVAGANZA SHOW

Email this form to: ocalapfhashows@gmail.com

Vendor Application & Contract

Company Name: (print as it will appear on your vendor sign) _____

Contact Person: _____ Tel # _____ E-Mail _____

Address _____ City/State/Zip _____

Brief description of your products and/or services _____

**Rental Booth size & rate for the 3 days of event will be as follows:
10x10 () or 10 x 20 () and one 110 electrical outlet**

Agreement

We _____, hereby contract to lease and occupy the vending space described above for the duration of the above listed event. Payment for this space is included with this Vendor Contract. It is agreed that only ONE vendor can occupy this booth space. We agree to abide by the following rules and stipulations:

1. Vendor shall have access to the location agreed upon by the parties the day before event commencement for the purpose of setting up Vendor's station, goods & other things necessary & reasonable to vending at the location.
Vendors must be completely set up one day prior to Event's commencement.
2. Vendor is required to supply their own tables, chairs, power cords and trash containers.
3. Vendor shall not vend any goods or services other than those described herein at & during the Event without written consent.
4. Vendor's are responsible for the safety & cleanliness of their contracted spaces & shall conduct themselves in an orderly fashion.
5. Vendor's staff will be properly dressed & their appearance will be clean and neat and they shall conduct themselves in an orderly fashion. All health regulations will be enforced.
6. Vendor and all employees must park their cars in those areas designated for parking.
7. Vendor shall leave the location clean of trash & substantially in the condition it was before vendor occupied it.
8. Ocala PFHA is in no way responsible or liable for personal adversity or any acts of God.
9. Vendor assumes all risk & hazard incident to his own vending area or to the Vendor's and representatives, or to other persons in his vending area.
10. Vendor fees are non-refundable.
11. By attending this event, you and your employees/volunteers/staff understand and expressly acknowledge that an Inherent risk of exposure to COVID-19 exists in any public place where people are present. In attending the event, You and any guests voluntarily assume all risks related to exposure to COVID-19, and waive, release, and Discharge Ocala PFHA, WEC Ocala, or any of its affiliates, directors, officers, employees, agents, contractors or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury.

I/We, _____ the Vendor, hereby agree to indemnify and hold harmless Ocala Paso Fino Horse Association for any injuries, loss, theft or damage to individuals or property, resulting from my/our selling of products, or as a result of my/our participation in this Event. Ocala PFHA does not guarantee any particular number of attendees, sales or results.

Signed and authorized

by: _____ Title: _____ Date: _____

PAYMENT OPTIONS AND CREDIT CARD AUTHORIZATION

ALTERNATIVAS DE PAGO Y AUTORIZACION PARA USO DE TARJETA DE CREDITO

() Check/ Cheque- Solamente aceptamos cheques de bancos en Estados Unidos () Visa () Master Card () American Express

Card Number/ Numero de Tarjeta _____ Exp Date _____ Sec Code _____

Cardholder's Name/ Nombre _____

Address/Direccion _____

City & State-Ciudad y Pais _____ Zip Code/CodigoPostal _____

SIGNATURE/FIRMA _____ Date _____

4% PROCESSING FEE ADDED TO ALL CREDIT CARD TRANSACTIONS