



Vendor Application

Event Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

Type of Business: _____

COST

Vendor Space \$50 / day _____ (# of days you will be attending)

Electricity of entire Event \$35 Yes No

PAYMENT

Total Enclosed: \$ _____

My check is enclosed (Make checks payable to *Carolina Horse Park Foundation*)

Bill to my: American Express Discover MasterCard Visa

Credit Card # _____ Exp. Date: _____ V-Code: _____

Name on Card: _____ Signature: _____

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