Booth Agreement

**Cloverdale Antique Show** October 12 2024

Send Completed Forms to:

CACS Group

PO Box 13082 High St PO

Abbotsford, BC V2T 0C4

Email: [accounts@cacsgroup.com](mailto:accounts@cacsgroup.com)

Vendor Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_**Approximately** \_8 ’x10’ Booth Space inc. 2 6ft Tables $115 x \_\_\_\_\_\_\_Booths=\_\_\_\_\_\_\_\_

Total Paid\_\_\_\_\_\_\_

Method of Payment Cheque( Made Payable to Greg Finn)\_\_\_\_\_\_\_\_\_Etransfer\_\_\_\_\_\_\_\_Credit Card\_\_\_\_\_\_\_\_

**Due to high demand, payments are due by June 28 2024 to reserve a spot. Payments not received by June 28 will result in no spot saved.**

**Credit Card Details:**

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry\_\_\_\_\_\_\_\_\_\_ CVC\_\_\_\_\_\_\_\_\_\_\_ Signature of Cardholder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability. We are not responsible for any loss or damage to the Vendor’s property during the show. Vendor’s must provide their own Full coverage insurance for property and liability of injury to persons in their booth space or property therein. You may also want to check with your insurance agent as to loss of booth coverage due to illness, injury,accidents, staff scheduling errors that would prevent you from attending as we do not refund for any reason

Date of Agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print) ( Authorized Signature)