

ACA SCHOLARSHIP RODEO
VENDER APPLICATION
Applications due May 1

Name of Company/Firm (as shown on Federal Tax return):

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Alternate name, if applicable (doing business as)

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Mailing address

City

State

Zip Code

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Contact Person

Phone

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Email Address

Web Site

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Will you Accept Checks: () Yes () No Purchasing Card (i.e. VISA): () Yes or () No

I agree to the \$35 vendor fee and I agree that it is my responsibility for charging and reporting proper sales taxes.

Signature

Date

P.O. Box 1081*13347 West Main *Larose, LA 70373*985-693-7109