



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

ACA SCHOLARSHIP RODEO VENDOR APPLICATION

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

Alternate name, if applicable (doing business as): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Business Ph#: (____) ____ - _____

Fax #: (____) ____ - _____ E-mail address (for E-notifications): _____

Company / Firm's website address: _____

Payment address (if different from address above): _____

City: _____ State: _____ Zip: _____

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

Business E-mail address (for e-notifications): _____

I agree to the \$45 vendor fee and I agree that it is my responsibility for charging and reporting proper sales taxes.

Signature

Date