

# Vendor Application

Waco, TX

November 7-10, 2024

Extraco Events Center

4601 Bosque Blvd.

Waco, TX 76710

rthurman@hotfair.com

254-224-8289



Business Name: \_\_\_\_\_

- Indoor 8 x 10 (\$350)                       Indoor 8 x 20 (\$450)                       Indoor 8 x 30 (\$700)  
 Tack Trailer \$500                       Stall Area in Show Pavilion 10 x 10 (\$350)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Web Site: \_\_\_\_\_

RV (\$25 per night):  Wed     Thurs     Fri     Sat

The WPRA/Elite Barrel Race staff is interested in reputable vendors who can provide products or services specific to the needs of its contestants. To that end, all vendors providing services MUST meet state licensing requirements and provide evidence of qualification in written form 30 days prior to the event. The Elite Barrel Race staff reserves the right to take such action as it deems necessary in the best interest of its contestants and may accept or reject any vendor application based on that criteria.

Send this Application along with half the total space cost to the address listed above. (Spaces are very limited). If you are accepted, you will receive a contract via email within 2 weeks. Your total space cost will be due before set-up is allowed.

Products and/or services (in detail): \_\_\_\_\_

<b>TOTAL CHARGES:</b> _____	Credit Card:    Visa    MasterCard    Discover    Amex
<input type="checkbox"/> Check here is billing address same as above	Credit Card Number
Name on Credit Card: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Billing Address: _____	Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV Code: <input type="text"/> <input type="text"/> <input type="text"/>
City, St, ZIP: _____	Card Holder's Signature: _____

**SEND APPLICATION AND PAYMENT TO THE ADDRESS LISTED ABOVE.  
PLEASE MAKE ALL CHECKS PAYABLE TO ELITE BARREL RACE.  
ALL VENDOR SPACES MUST BE PAID IN FULL BEFORE NOVEMBER 1, 2024.**