



# VENDOR APPLICATION

Can-Am Equine Marketing Inc.

Ross Millar Group

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**ALL BREEDS EQUINE EMPORIUM**  
"FOR THE LOVE OF HORSES"

**ALL BREED EQUINE EMPORIUM, MARCH - LONDON, ONTARIO**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS - STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ POSTAL CODE/ZIP CODE: \_\_\_\_\_

PHONE: AREA CODE ( ) \_\_\_\_\_ TOLL FREE: AREA CODE ( ) \_\_\_\_\_

FAX: AREA CODE ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: AREA CODE ( ) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

Booth Requirements: Basic booth is 10' x 10' or multiples there of

NUMBER OF SQUARE FEET REQUIRED: \_\_\_\_\_

Product/Services Description: Please provide a complete description of the product you wish to sell.

NOTE: ONLY those items described in the official contract will be permitted on site:

\_\_\_\_\_  
\_\_\_\_\_

## DEPOSIT PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING

	ONTARIO	ENTER YOUR SPACE REQUIREMENTS HERE	CORNER UNIT	
Area in Sq ft	\$ per Sq Ft.	Example: 100 sq ft @ \$9.00 per sq ft = \$900.00	Extra \$100 per corner	Deposit REQUIRED at booking
100+	\$9.00			\$250.00
200+	\$8.00			\$500.00
400+	\$7.00			\$500.00
800+	\$6.00			\$750.00
1,200+	\$5.00			\$1000.00
100 Breed Barn	\$6.00			\$250.00
100 Outside Spot	\$0.50			
Corner End			+ \$100.00	\$100.00
Deposit is NOT refundable for any reason iff application is cancelled. Applications received without the required deposit WILL NOT BE PROCESSED. If no space is available, deposit will be returned. Third Party Two Million Liability Certificate Required (Attach to this Page) Booth locations are subject to change at the descretion of event management. Make cheque payable to Can-Am Equine Marketing Inc.			Subtotal	
			GST 5%	
			Subtotal	
			Required Deposit (Due With This Form)	
			<b>BALANCE DUE</b>	

**AUTHORIZED SIGNATURE (REQUIRED)**

**PROCESSED BY:** \_\_\_\_\_

PAYMENT CIRCLE ONE: VISA MASTERCARD AMEX

CREDIT CARD NUMBER: EXPIRY DATE: (MM/YY) VALIDATION CODE: LAST 3 DIGITS BACK OF CARD

NAME ON CREDIT CARD TODAY'S DATE:

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Contract #: \_\_\_\_\_ # of Gate Passes: \_\_\_\_\_ # of Parking Passes: \_\_\_\_\_

Deposit Received: Yes No Receipt #: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Booth # \_\_\_\_\_ Booth Size: \_\_\_\_\_ Building: \_\_\_\_\_