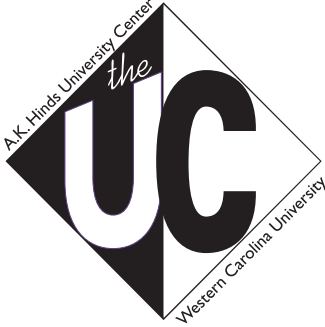


Vendor Application



A.K. Hinds University Center
210 Hinds University Center
Western Carolina University
Cullowhee, NC 28723
Phone 828-227-7206
Fax: 828-227-7250

Company Name: _____

Representative: _____

Federal ID: _____ NC Merchant ID: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Cell phone: _____ Email: _____

Requested Solicitation Dates (include date and times)

Beginning: _____ Ending: _____

Description of products/services: _____

Number of: solicitation spaces: _____ tables: _____ chairs: _____

Sponsoring Organization: _____

I, _____, have read and understand the University Center Vendor Policy (printed on the back of this application and incorporated herein by reference). By signing this contract I agree to comply fully with all of the stated policies and guidelines. In addition, while on the campus of Western Carolina University, I agree to follow all of the University's policies and guidelines. If I fail to meet or comply with said provisions and regulations, I understand that I may forfeit the opportunity to reserve and maintain a solicitation space at the A. K. Hinds University Center.

Vendor Signature

Date

A. K. Hinds University Center Use Only

Approved: _____ Not Approved: _____

UC Signature: _____

Date: _____

Please return completed form to the attention of Jill Lindsay at address listed above.