

MOORE MOTORCYCLE MADNESS

March 28th & 29th, 2009

VENDOR APPLICATION

Company Name _____ Contact Person Name _____

Street Address _____ City _____ State _____ Zip Code _____

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Primary Phone Number _____ Fax Number _____ Mobile Number _____

Email Address _____ Web Site Address _____

Please Briefly Describe Your Products/Services:

Number of 10x10 Booths Requested (\$25ea):

PAYMENT	
Remit Payment To: Trinity Trikes & Customs 200 SE 19 th St. Moore, OK 73160 Contact Us: Phone: (405)794-3935 fax (405) 794-3916	Payment Made: <input type="checkbox"/> In Full <input type="checkbox"/> 50% Reservation Deposit Enclosed Is A: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check In The Amount Of: _____ Check #: _____

Signature _____ Title _____ Date _____

For Office Use Only		
Date Application Received: _____	Received By: _____	Payment Received: _____
Date Confirmation Sent: _____	Verified By: _____	Check Number: _____

