

Dealer Contract

Spring 2018

Dallas (Plano) Texas

Dallas Metro Postcard Show and Sale

Set UP Thursday Mar15, **3pm**

Fri, Mar 16, 10AM to 6PM(Early Bird at 9:00am)

Sat Mar 17, 10:00 AM to 4:00 PM

Comfort Inn and Suites,Plano East

Hwy 75, 700 Central Parkway East,3 block north of previous show) Exit 29 (east side) Plano, TX

All tax, liability, theft, licenses, payments, state, local and federal are responsibility of the dealer.

I wish to reserve 1, 8 ft table @ \$145.00 or

2 or more @ \$125.00 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backups

Total \$: _____ --- Enclosed: _____ =Bal Due _____

Please Print Name, address, phone, email on back.

Signature: _____ (keep 1 copy)

Make Check and MAIL to: Jim Taylor,

PO Box 399,

Neosho, MO 64850 jmtaylor@ipa.net

You may pay \$50 deposit

Now to hold your

Table space for any show

(paying balance prior to opening of show)

-Or-

10% Disc if full payment is sent and recvd 60 days before show dates.

+++++

Please fill in below

Name _____

Address _____

City/St/Zip _____

Email _____

(Mail back one copy with payment)

Special Requests: _____

Dealer Contract

Spring 2018

Dallas (Plano) Texas

Dallas Metro Postcard Show and Sale

Set UP Thursday Mar15, **3pm**

Fri, Mar 16, 10AM to 6PM(Early Bird at 9:00am)

Sat Mar 17, 10:00 AM to 4:00 PM

Comfort Inn and Suites,Plano East

Hwy 75, 700 Central Parkway East,3 block north of previous show) Exit 29 (east side) Plano, TX

All tax, liability, theft, licenses, payments, state, local and federal are responsibility of the dealer.

I wish to reserve 1, 8 ft table @ \$145.00 or

2 or more @ \$125.00 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backups

Total \$: _____ --- Enclosed: _____ =Bal Due _____

Please Print Name, address, phone, email on back.

Signature: _____ (keep 1 copy)

Make Check and MAIL to: Jim Taylor,

PO Box 399,

Neosho, MO 64850 jmtaylor@ipa.net

You may pay \$50 deposit

Now to hold your

Table space for any show

(paying balance prior to opening of show)

-Or-

10% Disc if full payment is sent and recvd 60 days before show dates.

+++++

Please fill in below

Name _____

Address _____

City/St/Zip _____

Email _____

(Mail back one copy with payment)

Special Requests: _____
