

Dealer Contract

Fall 2020

Dallas (Plano) Texas

Dallas Metro Postcard Show and Sale

Set UP Thursday Oct 8, 3pm

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

Sat Oct 10, 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 @ \$155.00 or 2 or more @ \$145.00 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backup

Total enclosed: _____

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: _____

Cell Phone _____

Dealer Contract

Fall 2020

Dallas (Plano) Texas

Dallas Metro Postcard Show and Sale

Set UP Thursday Oct 8, 3pm

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

Sat Oct 10, 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 @ \$155.00 or 2 or more @ \$145.00 ea. Backups are \$15 ea.

Total Ordered _____ front and _____ backup

Total enclosed: _____

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: _____

Cell Phone _____