



2010 Barber Vintage Festival Vendor's Application

Office Use Only	
Name (last, first) _____	Previous vendor YES NO
Date App. Received: _____	
Payment Amount: _____	Assigned: _____
Check # _____ Cash _____	
Credit Card: Visa AmEx MC	
In spreadsheet _____	
Confirmation card mailed: _____	

All information must be provided in order for this application to be processed. Please Print clearly.

Vendor Name:(Last) _____ (First) _____ 2009 Vendor? Yes No

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

I have read, understand and will abide by the guidelines that have been set forth by management of the Barber Motorsports Park and Barber Vintage Motorsports Museum.

Vendor Signature _____

Vendor Swap Meet Spaces

of requested spaces for '10: _____ I request my 2009 swap meet spaces. Yes No

2009 Swap meet space (if known) _____

BVMM will make every attempt to honor requests. Guidelines and deadlines must be met before BVMM will consider requests.

Camping: (circle one) Tent Van RV Trailer Trailer/RV size _____

Merchandise to be sold: _____
(Merchandise must relate to vintage vehicles. Please be specific)

Requests: _____

Payment Information **Swap Meet Spaces - \$100.00 per 20 X 20 area**

of spaces _____ X \$100.00 = \$ _____ Amount enclosed: _____

Payment Type: CHECK/MONEY ORDER CREDIT CARD

(Make check or money order payable to Barber Vintage Motorsports Museum) Visa MasterCard Am Ex

Credit card #: _____ Expiration Date: _____

Name on credit card: _____ Signature: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Mail this form to: 6030 Barber Motorsports Parkway, Leeds, AL 35094 OR fax to: 205-702-8700 Attn: Jennifer

Vendors are responsible for all applicable sales taxes. You will be provided with necessary documents on arrival.