

2007 SAN JACINTO DAY FESTIVAL VENDOR APPLICATION, PAGE 2

Payment Method:

_____ Company check
_____ Money order
_____ MasterCard
_____ Visa
_____ Discover
_____ American Express

*****NO PERSONAL CHECKS*****

Account #: _____ Expiration Date: _____

Cardholder's
Signature: _____ Date: _____

I have read the 2007 San Jacinto Day Festival Vendor Information and agree to the terms and conditions thereof.

This contract must be signed and dated to be considered by the San Jacinto Day Festival Committee.

Signature

Date

Print Name

Company Name

Please fax this application to Dianne Powell at 210-824-9318.