



2020 STATE CHAMPIONSHIP APRIL 17th & 18th, 2020

Pork-A-Palo	oza					
Vendor Forn	n					
Company Name	e:					
Contact:						
Address: City:	St	ate:	Zip:			
Phone:						
		_				
Payment Mo	ethod & I	nformat	ion:			
Payment Mo	ethod & I	<u>nformat</u>	ion:_			
	ethod & I	<u>nformat</u>	ion:_			
Check:		<u>nformat</u>	ion:			
Check: Mail to: Pork-A-Palooza		<u>nformat</u>	ion:_			
Check: Mail to:	St	<u>nformat</u>	cion:			
Check: Mail to: Pork-A-Palooza 210 West Main	St	<u>nformat</u>	tion:			

By signing below, Card Holder acknowledges that he/she has read the front and back of this form, and agrees to be bound by all its terms and conditions. Card Holder's signature also acknowledges that if Card Holder has felt in necessary or desirable, Card Holder has asked about anything unclear, Illegible, or unreadable in the form and has obtained answers that Card Holder regards satisfactory. Card Holder authorizes and agrees not to dispute charges up to the amount of this agreement at anytime from the date of submission of this form through the closing of this events.