

Win With Warriors

1207 N Landing Way #1099

Renton, WA 98057

(347) 944- 4885

Lin.muimui@gmail.com



VENDOR APPLICATION FORM

Vendor Business/Organization Information

Name:

Street Address:

Office #:

City, State, Zip:

Point of Contact

Name:

Phone:

Business License #

Describe your vendor operation or service for SURVIVE SEATTLE Zombie Run + Blood Drive

[Empty text box for describing vendor operation]

Payment / Invoice address (if different from Address above)

[Empty text box for payment/invoice address]

Organization Type (Corporation, LLC, Invidual / Sole Proprietor, Partnership, Joint Venture, Non-Profit)

[Empty text box for organization type]

Do you plan on selling Merchandise / Food during the event?

[Empty text box for merchandise/food plan]

(Seattle Park collects 10% of total sales, Please contact Elaine to fill out appropriate Paperwork)

Please Note: No refunds given, all proceeds benefit Veteran nonprofits, thank you kindly for your donation.

Who will be your Representative during the Event Day(s): Please provide a name and Phone #

[Empty text box for representative name and phone]

Organization's website (optional)

[Empty text box for organization website]

Please limit the advertisement banners and wear corporate Logo shirts instead, Seattle Parks charge \$100 per logo fee

Vendor Signature	Print Name	Date
[Empty]	[Empty]	[Empty]

THANK YOU

Please return this Application or direct questions / concerns to

Elaine Chan: (347) 944-4885; Lin.muimui@gmail.com

www.WinWithWarriors.org

Internal Use Only	Vendor ID	Payment date and received by	Date payment processed
[Empty]	[Empty]	[Empty]	[Empty]