

The Centerpiece Marketplace Registration



Date:

If you use the 'Submit by E-mail - Please Print form and Mail In copy with Check Or Money Order (do not send Cash via Mail) Please keep a copy for your personal records - Please write your check # or money order number in the comments box

Creating Opportunity For Any Individuals To Be In Business For Themselves

Bill To

Name

Address:

State/Province:

Zip/Postal Code:

Phone:

E-Mail Address:

Contact Name:

Local Vendors

Submit in person
 1. Agreement Check-off
 2. Hold Harmless Form
 Form will be e-mail to you
 Or
 you may download from Web site and Fax
 must send photo Id
 "All"
 (Marketplace Cert)
 Issue at Office or Event

The Centerpiece Marketplace
 Centerpiece-Presentations
 6007 Financial Plaza Suite 714
 Shreveport, LA. 71129

Phone: 318-603-1222
 Fax: 318-603-1222
 Http://TheCenterpieceMarketplace.com

Mail Address

Centerpiece-Presentations.
P.O. Box 17885
Shreveport, LA. 71138

Easy As 1-2-3

1. Registration Form
2. Agreement "check off" form, (Sign)
3. (Sign) Hold Harmless Indemnity form
 Marketplace Permit is Issued
"You are in business for *Yourself"

Vendor Info

Electricity/Water

Attendant Name

Product Type

Vendor License

Food License

Soft Beverages

Out of Town Vendors

Submit via Fax or Mail
 All Fee's
 must be Included

Insurance ID

Name of Insurance Co

Indoors Rates

Location #	Description	Number of Days	Unit Price	Amount
	Single Stall	Enter units	Enter	
		Enter units	Enter	
	Hot Food Vendors and Prepared Food Stuff -	Enter units	Enter	
		Enter units	Enter	
		Enter units	Enter	
		Enter units	Enter	
		Enter units	Enter	
		Enter units	Enter	

Special Service **Request** **Suggestion**

Submit by e-mail will help us in planning you will get a reply e-mail
Check by Mail must be received within One week -in our office

Sub-total	
Sum	

Prices Subject to change without notice

Authorized By:



The Centerpiece Marketplace Registration

CP Market Certificate

Type Permit	Description	Insert Quantity	Unit Price	Amount
	3 Month Vendor Permit	Enter units	Enter	
	1 Month Vendor Permit	Enter units	Enter	
	1 Day - Vendor Permit	Enter units	Enter	
	3 month F&B Permit	Enter units	Enter	
	1 Month F&B Permit	Enter units	Enter	
	1 Day F& B Permit	Enter units	Enter	
	Youth organization Vendor Permit	Enter units	Enter	
		Enter units	Enter	

Special Service
 Request
 Suggestion

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Sub-total	
Sum	

Date

Insert above totals into boxes below - for "final total"

Item Totals	Description	INSERT "1"	Insert Amount	Amount
	Space Fee	Blank	\$	
		Enter units	\$	
	End Cap "Premium Space \$84	Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	
		Enter units	\$	

Special Service
 Request
 Suggestion

Ask Us About Continuing Vendor Program

Sub-total	
Total	

Prices Subject to change without notice

Authorized By:

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