



Denton County Texas A&M University Mothers' Club ("DCAM")
 P.O. Box 292014
 Lewisville, TX 75067

Vendor Application Form

Individual Name	
Company Name, if applicable	
Tax ID Number or Social Security Number	
Address	
City / State / Zip	
Phone Number	
Email address	
Website	
Description of Products to be Sold to/by DCAM	

Organization Type (check one or specify if other)

<input type="checkbox"/>	Individual	<input type="checkbox"/>	LLC	<input type="checkbox"/>	
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	

Sales Agreement (Select one and initial)

_____ (1) You agree to pay DCAM _____% of total sales within _____ days of your sales attendance at an DCAM event. ****If physically attending Family Weekend Boutique in the DCAM booth additional rules apply****

_____ (2) DCAM will carry on consignment your items and retain _____% of the set pricing of items payable within 30 days of DCAM Sales Event.

_____ (3) Other specifics _____
 _____% of the sales payable within _____ days of DCAM Sales Event

 Vendor Signature

 Date

Please return completed form to VP, Fundraising and Treasurer