



319 Main Street
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845.246.8833
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www.HitsShows.com

2009 HITS CULPEPER VENDOR APPLICATION

TERMS AND CONDITIONS

Our policy is to accept vendors as space permits, while limiting the number of vendors with similar wares. Vendors of souvenir items displaying the HITS logo or verbiage, official or unofficial, and Vendors of food or beverage will be excluded. Priority will be given to vendors attending the entire circuit. Vendors will be notified of space availability. HITS reserves the right to reject any application for any reason whatsoever.

In the event that your application is not accepted, your deposit will be fully refunded. Deposit of an applicant's check does not identify the applicant as a potential vendor.

If you are identified as a potential vendor and you subsequently satisfy the requirements set forth below, your deposit will be treated as a non-refundable deposit to be applied to the total amount due to HITS. Please be advised that your application does not constitute a contract with HITS until each of the following two requirements is satisfied: (1) HITS notifies you in writing that you have been identified as a potential vendor, and (2) you satisfactorily provide copies of the requisite insurance certificates and business licenses set forth below.

In the event that you are identified as a potential vendor, you will be required to provide HITS each of the following:

- (1) A certificate of insurance evidencing a policy of One Million Dollars (\$1,000,000.00) per occurrence in Combined Single Limit Bodily Injury and Property Damage insurance, naming HITS Holding Corporation and HITS, Inc. as specifically designated insureds, and a certificate of insurance for Workers' Compensation and Employment Liability in the amount of no less than One Hundred Thousand Dollars (\$100,000.00) per occurrence.

And

- (2) A photocopy of your Virginia State Certificate of Registration, which serves as evidence that you have met the sales and use tax registration requirements for that jurisdiction and that you are authorized to collect and remit tax as required by law.

If HITS notifies you in writing that you have been identified as a potential vendor, you will be forwarded complete information regarding these requirements, including instructions. Failure to satisfy these requirements prior to your arrival will (a) preclude you from entering into a contract with HITS irrespective of the fact that you were identified as a potential vendor; and (b) result in the forfeiture of your deposit.

PAYMENT

- A non-refundable deposit equal to one week of vendor space (see reverse) is required with your application.
- All applications received without deposit will be returned.
- Balance due will be payable upon arrival.
- There is no minimum requirement; however weeks pertaining to two-week block must be consecutive.
- Please make checks payable to **HITS, Inc.**

MAIL SERVICE

- Incoming mail can be delivered to the horse show. HITS is not responsible for loss after package is delivered.



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Business Name: _____

Owner/Representative: _____

Address: _____

City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Fax: _____ E-Mail: _____

Description of Business: _____

SHOW DATES

Please Check Applicable Weeks

- | | | | |
|--|---------------|---|-------------------|
| <input type="checkbox"/> COMMONWEALTH NATIONAL | April 15 - 19 | <input type="checkbox"/> WINSTON NATIONAL | August 12 - 16 |
| <input type="checkbox"/> SHOWDAY NATIONAL | July 1 - 5 | <input type="checkbox"/> CONSTITUTION CLASSIC | August 19 - 23 |
| <input type="checkbox"/> CAVALIER CLASSIC | July 8 - 12 | <input type="checkbox"/> USGPL FINALS | September 23 - 27 |

WEEKLY VENDOR SPACE

Please Check Applicable Space Requirements

- Small/Medium Vendor – Up to 30'**
\$750.00 per week X _____ weeks = \$ _____
- Large Vendor – 30' to 45'**
\$1,000.00 per week X _____ weeks = \$ _____

TWO WEEK BLOCK

If attending any of our two week blocks of shows, you will receive a discounted price for the combined weeks

Please select the two week blocks below if applicable

- | | |
|--|--|
| <input type="checkbox"/> SHOWDAY NATIONAL & CAVALIER CLASSIC
SMALL/MEDIUM SPACE = \$1,000 TOTAL
LARGE SPACE = \$1,250 TOTAL | <input type="checkbox"/> WINSTON NATIONAL & CONSTITUTION CLASSIC
SMALL/MEDIUM SPACE = \$1,000 TOTAL
LARGE SPACE = \$1,250 TOTAL |
|--|--|



SPACE REQUIREMENTS

Please check one of the following:

Please describe your space requirements:

- I have my own mobile unit
- I have my own tent

Set Up: Between Mondays at 12 noon and Tuesdays at 5 pm. **Take Down:** Ending Mondays at 12 noon

RV SPACE

If your Mobile Unit is used as a Vendor Site and Living Quarters or if you require a separate RV hookup, you must pay the RV fees. Once ordered, RV fees are non-refundable. **SPACE IS LIMITED** – contact our office for availability. Please check the following:

\$250.00 per week X _____ weeks = \$_____

Vendor Site / Living Quarters (Call for availability) **OR** **Separate RV Space**

UTILITIES

Electrical Service: 20 amp/110 volt services provided. Additional service charged on a cost basis and must be arranged prior to arrival.

I have read the Terms and Conditions of this vendor application and **BY SIGNING BELOW, I AGREE** to be bound by all Terms and Conditions of this vendor application.

X _____
Signature of Owner/Representative

Date

OFFICE USE ONLY

Insurance

Business License

CREDIT CARD INFORMATION

HITS NOW ACCEPTS VISA & MASTERCARD FOR PAYMENTS

To use your Visa or MasterCard to pay for amounts due with application such as deposit, and remaining balance, please complete the form below and send with your application. **PLEASE NOTE:** This form must be filled out completely. All fields are required in order to process payment. Incomplete forms may cause application to be unacceptable.

**Amount due
with contract** \$

Office Use only

Name on Card (exactly as it appears)

Billing Address of Card _____ **City** _____ **State** _____ **Zip Code** _____
[] Visa [] MC _____
Card # _____ **Expires MM/YY** ____/____

I authorize HITS, Inc. to charge my card for all amounts due HITS, Inc. with respect to the enclosed contract.

X _____
Signature Date Phone Email