

**ZETA PHI BETA SORORITY, INCORPORATED  
LAMBDA ZETA CHAPTER**

**VENDOR AGREEMENT**

Agreement dated \_\_\_\_\_ is between **Zeta Phi Beta Sorority, Incorporated, Lambda Zeta Chapter** and \_\_\_\_\_ (Vendor) for the 100<sup>th</sup> Anniversary Celebration, January 16-18, 2020 in Houston, Texas.

**(Please Print)**

Vendor/Business Name: \_\_\_\_\_

Vendor License Number: (If Applicable) \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

Brief description of merchandise/product(s): \_\_\_\_\_

**Zeta Phi Beta Sorority, Incorporated, Lambda Zeta Chapter** and the Vendor hereby agree to the terms and conditions indicated below:

Vendor will remit payment of **\$150.00** by cashier's check or money order made payable to **Community Services of Lambda Zeta** or submit payment at: <https://www.zphiblz.org/centennialvendorpayments>

1. The signed vendor agreement, along with payment must be received by December 16, 2019.
2. Vendor fee includes one (1) skirted and draped tabletop per vendor. There is a \$25.00 charge for each additional table.

Please indicate whether you will need access to electrical outlets:

\_\_\_\_\_ Yes, Electrical Outlets Access Needed                      \_\_\_\_\_ No, Electrical Outlets Access Is Not Needed

\_\_\_\_\_ I will require additional tables: - Number of tables: \_\_\_\_\_                      \_\_\_\_\_ I will not require additional tables

3. The vendor agrees not to display the Zeta or Sigma emblem or the Greek letters in a negative or disrespectful manner, if so, the vendor will be asked to leave without receiving a refund.
4. Vendor may begin set-up at 7:30 AM on the morning of Saturday, January 18, 2020 and begin selling at Noon. Additional vendor schedule will be provided by the Vendor Coordinator.
5. Fees are non-refundable.
6. If at any point the vendor causes a disturbance which will cause an embarrassment to this organization, the vendor will be removed from the premises immediately.

I have read the agreement and I agree to abide by the stipulations as stated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Total Amount Submitted:** \_\_\_\_\_

**For Organization's Use**

Date received \_\_\_\_\_ Amount received \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Additional equipment needed \_\_\_\_\_

Approval of Committee Chairs \_\_\_\_\_

Mail completed and signed vendor agreement along with payment to  
Joan Payne, Vendor Coordinator  
Zeta Phi Beta Sorority, Incorporated  
Lambda Zeta Chapter, P.O. Box 14730  
Houston, TX 77221-4730