

VENDOR PERMIT 2005-2006
STUDENT ACTIVITIES OFFICE CAÑADA COLLEGE

GENERAL INFORMATION

Requestor's Name: _____

Phone: _____ E-mail: _____

Street Address: _____ City: _____ Zip code: _____

Position with Organization/Company: _____

VENDOR INFORMATION

Organization/Company Name: _____

Type of Business:

- Retail Store
- Bank/Credit Union*
- Non Profit Organization (i.e., Girl Scouts, Habitat for Humanity)
- Military
- Hotel
- Health/Fitness Club
- Independent Merchant
- Other: _____

CHARGES

Corporate Businesses \$50.00
 Independent Merchants \$35.00
 Non Profit Organizations (501C status)
 NO Charge

* The solicitation of credit cards is not allowed on College property.

EVENT INFORMATION

Requested Date (s)	Charge	Approved (SAO use only)
Day 1:	\$	
Day 2:	\$	
Day 3:	\$	
Day 4:	\$	
Day 5:	\$	
Total Charges	\$	

Please describe the type of items, products or services that will be available to students:

Signature: _____ Date: _____

Payment can be made by cash or check. Please make checks payable to Canada College Student Activities Office.