



MELLON HERITAGE FOUNDATION, INC.*

DBA MELLON HERITAGE VETERANS OUTREACH
AND WELLNESS CAMPUS

“Empowering veterans, first responders, and their families
through support, connection, and purpose beyond service”

VENDOR SERVICES AGREEMENT

Vendor Name: _____

Full Address: _____

Email Address: _____

Products Made: _____

Facebook/Social: _____

Cell Phone#: _____

SETUP

A space will be allotted to you and marked with your name.

Doors open at _____ AM / PM. Vendor must be set up by _____ AM / PM.

Limited access to electric outlets. Circle HERE to request electric. Will you be bringing a generator? Yes ____ No ____

Bring your own extension cord. Bring your own table and chairs


VENDOR AGREEMENT AND PAYMENT

I, _____ (Vendor Printed Name), hereby agree to abide by the rules set forth on this information sheet. I hereby relieve the Mellon Heritage Foundation, Inc. dba Mellon Heritage Veterans Outreach and Wellness Campus and its agents from any responsibility for damage, theft, or injury to myself, my agents or property during the event.

Signature

PAYMENT DUE WITH CONTRACT: \$_____ CASH OR CHECK

Payable to: Mellon Heritage Foundation Inc., 16 West Division Street, North East, PA 16428

 814-347-5270

16 WEST DIVISION STREET
P. O. Box 933
NORTH EAST, PA 16428



INFO@MELLONHERITAGEFOUNDATIONINC.ORG

WWW.MELLONHERITAGEFOUNDATIONINC.ORG

MELLON HERITAGE FOUNDATION, INC.*
OPERATING AS A 501(C)3 CHARITY