



Vendor Application Form

Name of Company _____

Owner of Company _____

Address: _____

Web Site: _____

Logo: (attach two copies)

Predict To Sell: _____

Cost of Products: _____

How much are you willing to donate to KVAMA of your sales?

Send this form to Larry c/o KVAMA,
S2096 – 24 Valley Road,
LaFarge, WI 54639