

OKLAHOMA CITY BOAT SHOW

NICK SADLER - Director

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VENDOR APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS (*check one*):

SOLE PROPRIETOR

PARTNERSHIP

CORPORATION

NATURE OF BUSINESS: _____

CONTACT PERSON(S): _____

PRODUCT TO DISPLAY: _____

EFFECTIVE DATE FOR NEW BOAT LICENSE (*if applicable*): _____

AMOUNT OF SPACE REQUESTED FOR THE SHOW: _____

SIGNATURE OF PRESIDENT OR REPRESENTATIVE:

COMPANY: _____

TITLE: _____

DATE: _____