

Business Name: _____

Contact Person: _

Email:

Mailing Address: _

City/State/Zip:

Cell Phone: _

Fax: _

Description of Items to Be Sold (Please be specific).

Note: Cape Cod Canal Day Committee has final approval over all items listed and approved what may be sold!. Truck Locations: assignments will be at the discretion of the Chamber.

For Office Use

Date Rec'd: _____

Check #: _____

Amt. Rec'd: _____

Paid in Full: Y or
 N

Balance Due: _____

- ◇ Spread Sheet
- ◇ Web page/FB Following
- ◇ Tuck Size
- ◇ Invoice No. _____

Return application to moliva@capecodcanalchamber.org

CC# _____

Expiration _____ Date

_____	Amount	\$	_____
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Name on CC# _____

Billing Address: _____

All Food Trucks must be self-sustaining. No Electricity or water is to be provided.
Checks payable to: Cape Cod Canal Region Chamber of Commerce