

VENDOR INFORMATION

(revised April 2025)

Vendor Name(s) _____

Business Name _____

Home/ Business
Address _____

email _____

Home Phone # _____ Cell Phone _____

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(for Office Use only)

Amount Received (check one)

Date Paid (mm/dd/yyyy)

Day Seller Membership \$10

1Full -Year Membership \$25

Received signed Vendor Contract Agreement: Yes No

Space # (if applicable) _____

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VENDOR RECEIPT

Vendor Name _____

Amount Paid \$ _____ Space # (if applicable) _____

Day Seller \$10

1Full -Year \$25

Manager _____ Date _____

Cass County Farmer's Market Association
Mill Walk Mall
Harrisonville, MO
www.cassfarmers.com