**SOU VENDOR AGREEMENT**

This agreement details the relationship and responsibilities between the parties below

made on this date

Vendor’s Name:

Vendor’s Business Name:

Vendor’s Address:

Vendor’s Phone:

Description of Merchandise:

Date(s) of Sale:

Both of the above parties agree to the following:

1 The vendor will pay a fee of $50.00 per day to the Stevenson Union – payable two weeks in

advance. Please mail to Stevenson Union, 1250 Siskiyou Blvd., Ashland, OR. 97520.

2. The vendor shall have a maximum of 2 eight foot tables and 4 chairs.

3. The vendor shall remain behind or in front of the table.

4. Vendor will provide a written guarantee statement including information on consumer care

and return or compensation for goods sold.

5. Save, defend, indemnify, and hold harmless the State of Oregon, acting by and through the

State Board of Higher Education, on behalf of Southern Oregon University and their officers,

agents, employees, and members from all claims, suits, and actions of whatsoever nature

resulting from or arising out of the activities, equipment and facilities use by agents,

employees, or participants under this agreement.

6. Abide by all Southern Oregon University policies and procedures.

**Desired Location Foyer \_\_\_\_\_\_x\_\_\_\_\_\_\_ Courtyard \_\_\_\_\_\_\_\_\_\_\_**

**Number of tables needed 0\_\_\_\_\_\_\_\_ 1 \_\_x\_\_\_ 2\_\_\_\_\_\_\_**

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Vendor Signature Date

**For office use only:**

Date Scheduled \_\_\_\_\_\_\_\_\_\_ Initial\_\_\_\_\_\_\_\_\_

Payment Received $\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_

Original, SU Records Copy: Vendor