

PAYMENT FORM: CREDIT CARD OR E-CHECK PAYMENT

CREDIT CARD INFORMATION



Name as it appears on Credit Card: _____ Type of Card: _____
Credit Card number: _____ Expiration Date: _____
Security code on back of card: _____ Billing address of Card: _____
City: _____ State: _____ Zip Code: _____ Amount Paid: \$ _____
Authorization Signature: _____ Date: _____

E-CHECK PAYMENT INFORMATION (ACH TRANSACTION)



Bank Name: _____ Name on Bank Account: _____
Routing Number: _____ Account Number: _____

By signing this form, you are authorizing **Latin Times Media Inc., the Hispanic Resource Foundation, Inc., The Cuban Sandwich Festival, and its subsidiaries** to debit your credit/debit card or Checking account for all services provided to you and all open balances owed to participate as a Vendor in the Cuban Sandwich Festival. **Terms:** Once Payment is received; your event participation is confirmed. Please note Bank Account for transaction details. By Signing you acknowledge There are **NO REFUNDS** on any Payments or Deposits. All Balances paid by credit card are charged a processing fee of 3.99%. **If this charge transaction is contested and we receive a notification of Charge Back or NSF during a later date you will be subject to all Court, Legal, and/or collection fees.**

Authorization Signature: _____ Date: _____

CHECK PAYMENTS, MONEY ORDERS, AND CASHIER'S CHECKS BY MAIL

CASH ACCEPTED UPON APPROVAL

_____: **MARK HERE IF YOU WANT TO PAY ONLINE BY INVOICE THROUGH YOUR EMAIL.**

E-Mail Address for your invoice (Must be your official email address): _____

Make your check payable to: **Latin Times Media Inc.** If Paying by Mail send to: **Latin Times Media Inc. P.O. Box 15312 Brooksville, Fl. 34604. Fax your completed forms to: (813) 489-2422**

***If your Check is not valid and is returned you will be charged a NSF fee of \$55, if payment is not resolved before event, you WILL NOT be able to reserve nor participate in the Cuban Sandwich Festival. ***

I agree to sell only the products approved by the **Cuban Sandwich Festival** and this vendor package. This includes your vendor space, which has been pre-purchased and reserved for you, promotion of your business which begins immediately upon receipt of this Application/Agreement form. This Festival offers limited exclusivity opportunities and by paying/Securing this space, you may also be preventing others with a like business from securing their spot in the Cuban Sandwich festival. This Agreement does not imply nor guarantee any exclusivity as to the selling products approved by the **Cuban Sandwich Festival**. **I understand there are NO REFUNDS on payments or deposits for your vendor space.** I also understand that there is no guarantee as to the amount of sales I will make, or as to the number of guests that visit my booth. I understand if I do not arrive on the day of the Festival at the appointed setup times to participate at the event, there will be NO REFUND on payments or deposits. The **Cuban Sandwich Festival** will go on rain or shine and as scheduled.

YOU MUST FILL OUT AND RETURN THIS APPLICATION/AGREEMENT FORM TO PARTICIPATE IN THE CUBAN SANDWICH FESTIVAL!

Signature: _____ Print Name: _____ Date: _____

by signing this Agreement states that I agree to the terms and conditions of this Application/Agreement, which apply to participate in the **Cuban Sandwich Festival, the Taste of the Cuban Sandwich or any event.**