

Supplier Application and Contract

Deadline: January 8, 2021

CONTACT INFORMATION *Please print or type to ensure accuracy. Complete each section in detail for correct processing.*

COMPANY NAME:

COMPANY NAME TO DISPLAY IN PRINT AND ONLINE DIRECTORY:

CONTACT:

TITLE:

PHONE:

FAX:

EMAIL:

WEBSITE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

AGE VERIFICATION is required for this event. Check here to confirm that you are age 21 or older. Enter your date of birth to verify your age: _____

SUPPLIER RATES

- There are four options for suppliers, starting with Showcase (only).
- The three sponsor levels (Platinum, Gold and Silver) provide added features and benefits detailed on page 3 of the Supplier Prospectus.

Supplier Levels <i>Please check one.</i>	Cost
<input type="checkbox"/> Showcase (only)	\$3,250
<input type="checkbox"/> Silver Sponsor	\$10,000
<input type="checkbox"/> Gold Sponsor	\$20,000
<input type="checkbox"/> Platinum Sponsor	\$35,000
Total Cost	\$

PAYMENT SCHEDULE

100% of total supplier fees are due by January 15, 2021.
Failure to make payments by the assigned schedule does not release the contracted or financial obligations of the supplier.

INITIAL HERE TO ACCEPT TERMS:

CANCELLATION PENALTIES

50% of contracted supplier fee for cancellations made before January 8, 2021.
100% of contracted supplier fee on cancellations made January 9, 2021 and beyond.

INITIAL HERE TO ACCEPT TERMS:

EVENT PARTICIPATION

As a reminder, for suppliers to be considered for invitation to Convenience Distribution Business Exchange (CDBX) in September, participation in Convenience Distribution Marketplace is required.

METHOD OF PAYMENT

Please check one:

- Check** (Make payable to CDA) Check number: _____
- Credit Card** (Check one and complete information below)
- American Express Discover MasterCard Visa
- Please charge:* 100% payment in full \$ _____

CARD NUMBER: _____

EXP. DATE: _____

NAME ON CARD (PRINT): _____

BILLING ADDRESS: _____

NAME OF SIGNATORY (PRINT): _____

AUTHORIZED SIGNATURE: _____

DATE: _____

PHONE: _____

MAIL PAYMENTS TO

Convenience Distribution Association
Attn: Marketplace
11250 Roger Bacon Drive, Unit 8
Reston, VA 20190

FAX/EMAIL CONTRACT TO

Attn: Kimberly Bolin
FAX 703-573-5738
EMAIL kimberlyb@cdaweb.net

Marketplace Management Use Only

AUTHORIZED CDA SIGNATURE: _____

DATE: _____

For more information or to discuss supplier levels or availability,
contact Kimberly Bolin at kimberlyb@cdaweb.net or 703-208-1650.