



Planes and Trains Vendor Application

Museum of Aviation, P.O. Box 2469, Warner Robins, GA 31099

www.museumofaviation.org

Vendor Trade Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Website: _____ Items Sold: _____

Indicate below the number of table(s) requested:

NUMBER OF DAYS			TOTAL
DATE			
TABLES REQUESTED			
AT \$25.00 PER TABLE			

By execution of this form, I the undersigned, or any member of my family or party, shall not hold the Museum of Aviation, its officers or employees, liable for any and all injuries and/or damages that may occur to me, my family, my party, or my MERCHANDISE.

ENCLOSED:

\$ _____ SIGNATURE _____ DATE _____

PLEASE ENCLOSE YOUR REMITTANCE

1. MAKE CHECK PAYABLE TO: Museum of Aviation Foundation, Inc.

2. CREDIT CARD: Circle One VISA MASTERCARD AMEX

CARD NO. _____ NAME ON CARD _____

EXPIRATION DATE ____/____/____ BILLING ZIP CODE _____

MAIL TO: Teresa Davis, Museum of Aviation Foundation, P.O. Box 2469, Warner Robins, GA 31099, or email to: TDAVIS@MUSEUMOF AVIATION.ORG