

2024 Day Merchant Reservation & Payment Form PLEASE PRINT LEGIBLY

Date: _____

Business Name: _____

Applicants Name: _____

Phone Number: ______ E- Mail: _____

Include New Day Merchant Application Form with this form if this is your first market event for 2024.

After Initial 2024 day merchant application has been received and accepted this page is all you need to register and pay for more market dates for the rest of the current calendar year.

This Form along with payment In full is due no later than the close of market the Saturday before the first Saturday reservation circled below. *LATE APPLICATIONS WILL NOT BE ACCEPTED!!*

CIRCLE ALL THE DATES YOU ARE PAYING FOR WITH THIS FORM

JAN	FEB	MARCH	APRIL	MAY	JUNE
6	3	2	6	4	1
13	10	9	13	11	8
20	17	16	20	18	15
27	24	23	27	25	22
		30			29

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
4 Thursday	3	7	5	2	7
6	10	14	12	9	14
13	17	21	19	16	21
20	24	28	26	23	28
27	31			26 Tuesday	
				30	

Ocean Pines Farmers & Artisans Market • 239 Ocean Parkway, Ocean Pines, MD • 410-641-7717



Payment

Please make your payment payable to: Ocean Pines Association

Fees: New Merchant Application Fee of \$25.00 Applies to ALL NEW MERCHANTS

Rates: Day Merchant Fee - \$30.00 per market day

Calculation Chart:

Num. of Days ______ x \$30.00 per Market day New Merchant Application Fee Total amount due:

\$ 	
\$ 25.00	
\$ 	

Incorrect forms will be returned for correction before processing.

Payment:

Check - enclosed checks Payable to: Ocean Pines Association
 Credit Card Authorization Form - attached

Delivery Options:

1) Merchant Drop Off at Ocean Pines Farmers & Artisans Market during Market Hours.

2) Email completed form to the Market Management Team at OPFAMarketPlace@gmail.com

By signing below Merchant acknowledges that this form is an extension of your master 2024 application and all signed agreements. **Keep a copy for your Records.** Payments are NOT refundable. THIS IS A RAIN OR SHINE EVENT. Swapping of dates is not permitted. Credits will be issued only when Market Management cancels the market day, not early closing.

Print Name:		
Signature:	 	
Date:		



A ONE-TIME CREDIT CARD CHARGE

Please sign and complete this form to authorize the Ocean Pines Farmers & Artisans Market and the Ocean Pines Association to make a one-time charge to your credit card listed below. Each credit card transaction requires a new Credit Card Authorization from completed by the merchant.

By signing the form, you give the Ocean Pines Association permission to debit your account.

Please complete the information below and	return to Market Management.	
Payment Authorization:		
١		s Association to charge my
credit card account for a one-time payment.		
Billing Address:		
City	State	Zip Code
Phone:	Email:	
I authorize the amount of \$	on or after the date o	of
Account Type: Visa MasterCa	rd 🗆 Discover 🗆 AMEX	
Cardholder Name:		
Account Number:		
Expiration Date;	CVV2 Co	ode*
*CVV2 Code is the 3-digit number on	back of Visa. MC and Discover or 4-c	ligit number on AMEX.

Signature: ______ Date: ______

I authorize the Ocean Pines Association to chard the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the Ocean Pines Association per the terms agreed to the above only. I certify that I am an authorized user of the credit card and that I will not dispute it with mu credit card company, so long as the transaction corresponds to the terms indicated in this form.