LSD Promotions
New Generation Markets

Stall Offer

APPLICATION FORM
SMALL BUSINESS SATURDAY
Worcester Saturday markets
3rd December 2016

Located on High Street and in Angel Place Worcester.
Opening hours: *9am to 4pm Angel Place. *9am to 5pm High Street.

Name……

Address……

……..**Post Code**……

Telephone……...**mobile**……..

email……..……..

Goods sold (please give detail)……

……

I require (no of stalls)….……..stall/s size 3 x 2m price £10 per stall per day on High Street.
I require (no of stalls)….……..stall/s size 3 x 3m price £10 per stall per day at Angel Place.

N.B. Pre-paid stall rents are NON-REFUNDABLE, including participants cancelling themselves, or the market being cancelled by the operator for adverse weather conditions.

N.B. Only existing business in Worcester City Centre that are new to market trading are eligible to apply for a reduced price stall on Small Business Saturday.

PAYMENT:
I enclose my payment of rent for the first days trading by CASH/CHEQUE To: LSD Promotions
TOTAL VALUE £……/ Or I enclose my CREDIT/DEBIT CARD details below

I DO / DO NOT require temporary insurance. ***N.B. ALL traders must have public liability insurance cover. Temporary cover can be arranged for non-regular market traders (for an extra charge of £5.00 per day, for up to 4 trading days). *All traders using their own insurance must provide a photocopy of the certificate and attach it to this Application form. N.B. LSD Promotions & its staff are not liable for personal injury, damage to traders stock or equipment however caused.***

NAME OF CARDHOLDER:……..**CARD TYPE** ……
CARD NUMBER……
EXPIRY DATE……**START DATE**……
CCV: (3 digits on back of card)……**ISSUE NUMBER: (if applicable)**……
TOTAL AMOUNT TO BE DEDUCTED FROM CARD £…… **Signature**……

Return by Post: LSD Promotions, Ground Floor Offices, Stamford Mews, Enville Estates, Stourbridge, DY7 5HD. Or send this form by email to: customerservice@lsdpromotions.com OR ALTERNATIVELY TO MAKE A TELEPHONE BOOKING USING A DEBIT/CREDIT CARD Call Customer Service on 01384 877336

FOR OFFICE USE ONLY.

Receipt No: Date of payment:

Payment Location: Cash / Cheque / Card

Payment taken by:

Traders own insurance Policy No: Expiry Date: