

OMFC Artist Vendor Application



PO BOX 2097
West Lafayette, IN 47966
admin@omfchange.com

Name: _____

Email Address: _____

Phone Number: _____

Age: _____

Address: _____

What kind of artist are you? What do you make?

Do You Have any Vending Experience or Retail Experience (Please Circle or Delete One)

Yes

No

If So, What?

Do you have means of transportation?

Yes

No

Since you will be dealing with Company money, please answer the following questions:

-Have you ever received a felony or misdemeanor for stealing?

Yes

No

-Can you list One Character Reference?

Name: _____

Phone Number: _____

Relationship to you: _____