

Islamic Society of Tampa Bay Area

7326 E. Sligh Ave. Tampa, Florida 33610 Telephone: 813-628-0007

REQUEST FORM FOR VENDORS

If you would like to sell your products at the Masjid, please complete this form, along with the attached vendor / masjid agreement form and submit them to the administration office for approval.

FILL OUT CLEARLY AND COMPLETELY

NAME: _____

SPOUSE'S NAME: _____

(OPTIONAL)

ADDRESS: _____

APT#: _____

CITY: _____

STATE: _____

ZIP CODE: _____

HOME TEL #: _____

MOBILE TEL#: _____

EMAIL: _____

Would you like to be added to our mailing list? Yes No I am already on the mailing list
* ISTABA values your privacy and does not intend to sell or provide your personal information to anyone *

Check all products you plan to sell at the Masjid:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Islamic Books | <input type="checkbox"/> Women's Clothing | <input type="checkbox"/> Sweets | <input type="checkbox"/> Home Décor |
| <input type="checkbox"/> Islamic Audio | <input type="checkbox"/> Men's Clothing | <input type="checkbox"/> Pre-Cooked Food | <input type="checkbox"/> Soft Drinks |
| <input type="checkbox"/> Islamic Video | <input type="checkbox"/> Children's Clothing | <input type="checkbox"/> Fruits / Vegetables | <input type="checkbox"/> Candy/ Snacks |
| <input type="checkbox"/> Toys | <input type="checkbox"/> Beauty Products | <input type="checkbox"/> Frozen Meat | <input type="checkbox"/> Other (specify below) |
- _____

By signing this form you are agreeing to the following (initial the following):

- ____ I understand that all requests are subject to approval
____ I will not sell any product or service that is considered *Haram* (forbidden) in Islam
____ I will not sell any product or service that is considered illegal
____ I understand that I may need to pay a security deposit when using property belonging to ISTABA
____ I am an independent vendor and in now way is my business affiliated with ISTABA
____ I understand that it is my responsibility to obtain the appropriate licenses for conducting my business

Signature of vendor: _____

Date: _____

Office Use Only:

Approved: By _____ Denied: By _____ Date: _____