

Supplier Contract Agreement for Special Event Supplies

Contract Date: [Insert Date]

Supplier: [Supplier Name]

Address: [Supplier Address]

Contact Person: [Contact Person Name]

Phone: [Contact Phone Number]

Email: [Contact Email]

Client: [Client Name]

Event Date: [Insert Event Date] **Event Location:** [Insert Event Location]

Agreement Details

1. **Description of Supplies:** [List of supplies to be provided]

2. **Delivery Date:** [Insert Delivery Date]

3. **Total Cost:** [Insert Total Cost]

4. **Payment Terms:** [Insert Payment Terms]

5. **Cancellation Policy:** [Insert Cancellation Policy]

Signatures

By signing below, both parties agree to the terms and conditions outlined in this Supplier Contract Agreement.

Supplier Signature: _____

Name: [Supplier Representative Name]

Date: [Insert Date]

Client Signature: _____

Name: [Client Representative Name]

Date: [Insert Date]