



PITTSBURGH
DOWNTOWN
PARTNERSHIP

Application for Vendor Membership

Company (Operating) Name _____

Primary Contact Name and Title _____

Vending Location _____ Product _____

How would you like your company to be listed in our membership and in promotional materials?

Mailing Address _____

City, State, Zip _____

Primary Contact Telephone: _____ Fax: _____

Primary Contact Email: _____

A valid PDP Vendor membership (\$100 per year) must be renewed annually for the duration of an active City of Pittsburgh vending permit. Select a payment method below, all fields are required for a credit card transaction.

Credit Card: If paying by credit card, you may:

(i) complete and mail this form to the address listed below,

(ii) fax the completed form to 412-566-4193, or

(iii) scan the completed form and email to lfairbrother@downtownpittsburgh.com

Card Number _____

Name on the Card _____ Expiration Date _____

Credit Card Billing Street Address _____

City, State and Zip _____

Signature _____ Date _____

OR

By Check, enclosed and made payable to the **Pittsburgh Downtown Partnership:**

Pittsburgh Downtown Partnership

925 Liberty Avenue, 4th floor

Pittsburgh, PA 15222