

FACTORY ANTIQUE MALL NEW DEALER APPLICATION

APPLICANT INFORMATION

Please PRINT in all spaces that apply.

Name:

Current address:

City:

State:

ZIP Code:

Phone:

Mobile:

Business Phone:

E-mail:

Fax:

Website:

BUSINESS INFORMATION

Business Name:

Do you specialize in any type of antiques?

What percentage of antiques is PRE-1900?

What percentage of antiques is 1900-1950?

What percentage is NEW? If New, describe the merchandise:

Do you have merchandise for sale in other places? If so, where? *(Name/Address)*

REFERENCES

Name

Address

Phone

SIGNATURE

I authorize the verification of the information provided on this form to be true of my knowledge.

Signature of applicant:

Date:

