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### ANTIQUÉ DEALER APPLICATION

Date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DEALER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DO YOU HAVE ANOTHER LOCATION WHERE WE CAN SEE YOUR PRODUCT

\_\_\_\_\_

(Please include photos of booth set up or items you specialize in)

#### SPACE REQUIREMENTS

NUMBER OF BOOTHS \_\_\_\_\_ NUMBER OF DISPLAY CASES \_\_\_\_\_

#### PRODUCT DESCRIPTION

PLEASE LIST TYPE OF ANTIQUES OR COLLECTIBLES YOU PROPOSE TO SELL IN THIS LOCATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEALER SIGNATURE \_\_\_\_\_

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Mailing Address: P.O. Box 580, St. Jacobs, Ontario N0B 2N0