

VOLO ANTIQUE MALLS 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:

Website:

Facebook:

BUSINESS INFORMATION

Business Name:

Do you specialize in any type of antiques?

What percentage of antiques is pre 1920?

What percentage of inventory is 1920-1988?

What percentage is limited edition collectibles and no longer made?

Do you have merchandise for sale in other places? If so, where? (Name of store or mall).

VOLO ANTIQUE MALLS DEALER REFERENCES

Name

Address

Phone

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SIGNATURE

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

Signature of applicant:

Date: