

Shipshewana

TradingPlace
Antique Gallery

Dealer Application

Date _____

Name _____

Trade Name _____

Address _____

City _____

State _____

Zip _____

() _____

() _____

Daytime Phone _____

Evening Phone _____

Background Information

Number of years in the Antiques business: _____

Types of antiques you specialize in (attach photos): _____

Do you currently rent space in a mall? Yes No Mall Name/Location _____

List the shows you participate in: _____

Dealer References

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

How did you hear about the Trading Place Antique Gallery? _____

Were you referred by a Trading Place Dealer? _____

Trading Place Booth/Showcase Requirements

Booth Space Requested _____ (square footage) Number of Showcases Requested _____

Requested Rental Start Date _____

Please mail or fax this application to the below address:

PO Box 185 • 368 S Van Buren St • Shipshewana, IN 46565
Ph 260) 768-7090 • Fx 260) 768-4523

www.TradingPlaceAmerica.com