

Dealer Information and Instructions
(Dealer Application Form)

TRADE NAME: _____

DEALER NAME: _____

DEALER CODE: _____ (NOTE: May be subject to change if duplicated.)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TELEPHONE: WORK: (_____) _____

HOME: (_____) _____

MOBILE: (_____) _____

I MAY BE CALLED AT WORK.

PLEASE DO NOT CALL ME AT WORK

CALL ME WITH ALL OFFERS

MAXIMUM ALLOWABLE DISCOUNT WITHOUT A TELEPHONE CALL IS _____%

MAKE CHECKS PAYABLE TO: _____

I WILL PICK UP MY CHECK

PLEASE MAIL MY CHECK TO THE ABOVE ADDRESS

PLEASE MAIL MY CHECK TO THE FOLLOWING ADDRESS:

MY NEW YORK STATE RESALE NUMBER IS: _____

NEW YORK STATE RESALE CERTIFICATE ON FILE

YES, I WOULD LIKE TO PARTICIPATE IN REDUCED RENTAL RATES AND WAIVE THE 8.5% SALES COMMISSION BY COMMITTING TO WORK AT LEAST THREE DAYS PER MONTH. (NOTE: At least one work day must be a Saturday or Sunday.)

PREFERRED DAY OF THE WEEK: _____

ALTERNATE DAY OF THE WEEK: _____

TYPE OF SPACE DESIRED:

FLOOR SPACE: 16'x16' 10'x16' 10'x10'

CHECK IF WALL IS REQUIRED.

SHOWCASE: 7'H x 4'W x 18"D OTHER: _____

CEILING MOUNTED ELECTRICAL OUTLET REQUIRED? YES NO

PLEASE DESCRIBE YOUR EXPERIENCE IN THE ANTIQUES TRADE AND THE TYPE OF MERCHANDISE YOU OFFER (include photo of typical display): _____

