

Athens Ohio Antique Mall
180 Columbus Road
Athens Ohio 45701

DEALER APPLICATION

NAME: _____ **DATE:** ____/____/____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (Home) ____ - ____ - ____ **(Mobile)** ____ - ____ - ____

Email address: _____

Type of Space Desired: Antique Booth _____ Antique Showcase _____ New Collectible Booth _____

Please provide detailed information and answer all questions.

How long have you been a Dealer? _____

What type of merchandise do you sell? (Be Specific)

Please list any Antique malls or shows where you are currently exhibiting merchandise.

What are your average monthly sales in the mall(s) you are currently exhibiting and what size space do you rent?

Mall _____ **Space size** _____ **Avg.**
\$ _____

Mall _____ **Space size** _____ **Avg.**
\$ _____

Mall _____ **Space size** _____ **Avg.**
\$ _____

Mall _____ **Space size** _____ **Avg.**
\$ _____

Any other information you would like to tell us about your self to aid us in considering your application.

Thank you for interest in becoming a dealer at Athens Antique Mall. All applications will be processed by quality of merchandise, dealer experience, and date received. Applications are not processed solely by date received and acceptance of your dealer application does not guarantee you a space at Heart of Ohio. All Qualified applicants will be placed on our waiting list and will be notified 20 to 30 days in advance of space openings. Please remit this application to: Athens Ohio Antique Mall (Please enclose photographs of the type of merchandise you exhibit) Fax: (888-477-8428) E-mail: athensohioantiques@yahoo.com Att: General Manager