

WESTMINSTER ANTIQUE MALL
Dealer Information Form

Please check appropriate box below:

- NEW DEALERS – Please fill out this form completely.
 EXISTING DEALERS – Make necessary changes ONLY. (i.e. location, phone number, email, major changes to inventory, etc.)

Please PRINT clearly and legibly.

BOOTH/SHOWCASE/WALLSPACE NUMBER(S) _____

YOUR NAME: _____

BUSINESS NAME: _____

DESCRIPTION or SPECIALTY (30 words or less) _____

PHONE NUMBER: _____ Don't publish my number

*EMAIL ADDRESS: _____

*WEBSITE URL: _____

*email and website are optional

Signature: _____ Date: _____

If you have any questions about this form, please speak to someone at the front desk.

Incomplete or illegible forms will be returned to the front desk.