

Vendor Application

Trade Days Pavilions I, II, III

Print this application

PLEASE FILL OUT THIS QUESTIONNAIRE IF YOU ARE INTERESTED.
A SELECTION COMMITTEE WILL MAKE THE FINAL DECISION.
PLEASE SEND PHOTOS OF YOUR MERCHANDISE.

Please Print

Date: _____

Name:

First _____ Middle _____ Last _____

Date of Birth _____ Home Phone # (____) _____

Current Address:

Number & Street _____ City _____ State ____ Zip _____

Lived There ____ Years, ____ Months. Rent (), Least (), Own ().

Landlord or Mortgage Holder Name: _____

Previous Address:

Number & Street _____ City _____ State ____ Zip _____

Lived There ____ Years, ____ Months.

Employed By: Self () Other () **How Long?** ____ Years, ____ Months.

Employer Address:

Number & Street _____ City _____ State ____ Zip _____

Phone # (____) _____

References

Name: _____ Address: _____ Phone # (____) _____

Name: _____ Address: _____ Phone # (____) _____

Merchandise You Plan To Sell?

If Selected Will You Exhibit Every Month?

PLEASE PRINT THIS APPLICATION AND MAIL TO:
TRADE DAY PAVILIONS - 385 W. DALLAS - CANTON, TEXAS 75103
ATTN: MICHAEL OR MARTHA JANE WALLACE