

Category (to be filled in by office) _____



Dr. Flea's Vendor Inquiry



Please take a moment and fill this form out:

Date ____ / ____ / ____ Name _____

Business Name _____

Street _____ City _____

Postal Code _____

Res. Phone _____ Bus. Phone _____

Are you in a flea market now? Yes _____ No _____

Have you ever been a tenant in a flea market? Yes _____ No _____

If yes, please list: _____

How did you hear about us? TV ____ Radio ____ Word of Mouth ____
Yellow Pages ____ Newspaper ____ Bench Ads ____ Referral ____ Other ____

When will you be ready to start? ____ / ____ / ____

What products, sales, or service do you wish to offer?

This Box For Office Use Only

Who took this app? _____ Interviewer _____

Comments _____

Showed Booth # _____ Closing Date _____

Setup Date _____