

Stoudts Black Angus Antiques Mall
Inside Dealer Application

Your Full Name & Trade Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Cell _____

Email Address: _____

Additional Full or Part Time Employment: _____

Contact person: _____

Business Address: _____

Sales Tax #: _____ Social Security #: _____

Location space # requesting: _____ required footage: _____

References: (one bank reference; plus two others)

1. _____
2. _____
3. _____

Types of antiques or collectibles: please give a brief description of merchandise.
Send photos or personal website link.

Please state reasons for wanting to become a potential dealer at the Stoudts Black Angus
Antique Mall: _____

**Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment and to answer questions about your credit experience with me.

Signature & date _____

Fax attention Elizabeth Stoudt 717.484.4182