



# Super Flea Market DEALER APPLICATION



Greensboro  
Coliseum  
Complex

PLEASE FILL OUT FORM BELOW COMPLETELY

Mail with check or money order to:

SUPER FLEA MARKET  
C/O GREENSBORO COLISEUM COMPLEX  
PO BOX 5447, GREENSBORO, NC 27435

Make payable to: GREENSBORO COLISEUM

Or call and book your space with a credit card at: **(336) 373-8515. Fax (336) 218-5597**

**\*\*MINIMUM 50% DEPOSIT DUE WITH APPLICATION\*\***

**Note: This is an application only. This application does not confirm space is available or is being reserved for applicant.**

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Describe your merchandise: \_\_\_\_\_

**YOU MUST COMPLETE THIS SECTION EACH APPLICATION**

**A minimum 50% deposit for each month applied for MUST accompany this application.**

**Full payment is due no later than 10 days prior to show opening date.**

Name: _____ Work Phone: _____	<p>Super Flea Market 2010 Show Dates</p> <p><b>Please check the date(s) you are applying for:</b></p> <p>____ January 23-24</p> <p>____ February 27-28</p> <p>____ March 27-28</p> <p>____ April 10-11</p> <p>____ June 12-13</p> <p>____ July 24-25</p> <p>____ August 28-29</p> <p>____ October 2-3</p> <p>____ November 5,6,7</p> <p>____ December 4-5</p>
Company: _____ Evening Phone: _____	
E-mail: _____ Fax: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
<p>Fill out below based on totals for 1 show. If applying for more than 1 show you may total your amount due in TOTAL FEES section.</p> <p>Booth includes (1) 8' table and 1 chair: # _____ (\$70 each) = \$ _____</p> <p>Electrical drop (20 amp power): # _____ (\$40 each) = \$ _____</p> <p>Extra tables: (check one) __8' __6' # _____ (\$8 each) = \$ _____</p> <p><b>Note – you can fit no more than (1) extra table per space</b></p> <p><b>TOTAL FEES PER SHOW \$ _____</b></p> <p>Space Request? _____</p> <p># SHOWS APPLIED FOR: __ <b>TOTAL FEES \$ _____</b></p>	
<p>Non-refundable deposit / Payment \$ _____ <b>TOTAL DUE \$ _____</b></p>	

**PAYMENT:**

PLEASE MAKE CHECKS PAYABLE TO: **GREENSBORO COLISEUM**  
OR CHARGE MY CREDIT CARD:

AMERICAN EXPRESS: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \*\*

OTHER CARD: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \*\*

**Dealer Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(I HAVE READ AND AGREE TO DEALER TERMS)

**Please Note:**



No space(s) will be reserved for any month in which minimum deposit or full payment has not been made.