



# Super Flea Market DEALER APPLICATION



**PLEASE FILL OUT FORM BELOW COMPLETELY**

Mail with check or money order to:  
SUPER FLEA MARKET

C/O GREENSBORO COLISEUM COMPLEX  
1921 W. Gate City Blvd, GREENSBORO, NC 27403

**Make Checks Payable to: GREENSBORO COLISEUM**

Call for more information or fax in your application: **(336) 373-8515. Fax (336) 218-5537**

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

**Merchandise to be Sold:** \_\_\_\_\_

**\*\*Merchandise Description is Required\*\***

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Company: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Booth includes (1) 8' table and 1 chair: # \_\_\_\_\_ (\$70 each) = \$ \_\_\_\_\_  
 Electrical drop (20 amp power): # \_\_\_\_\_ (\$40 each) = \$ \_\_\_\_\_  
 Extra tables: (check one) \_\_8' \_\_6' # \_\_\_\_\_ (\$8 each) = \$ \_\_\_\_\_

**TOTAL FEES PER SHOW \$ \_\_\_\_\_**

Space Request?  
 \_\_\_\_\_

Non-refundable deposit / Payment \$ \_\_\_\_\_ **TOTAL DUE \$ \_\_\_\_\_**

Office Use Only: System Input: \_\_\_\_\_ Pmt Input: \_\_\_\_\_

Super Flea Market  
2016 Super Show

\_\_\_\_ November 4,5,6  
Load in Thursday

Show will take place in  
Special Events Center  
West Wing A

**Please Note:**

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

**PAYMENT:**

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

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

VISA/MC/DISC CARD: \_\_\_\_\_ Exp. Date: \_\_\_\_\_\*\*

**Dealer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(I HAVE READ AND AGREE TO DEALER TERMS)*