



## Vendor Application

Date of Application: (Month / Day / Year) \_\_\_\_\_

Company: \_\_\_\_\_

Contact Name: (Please Print) \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Booth Choice: \_\_\_\_\_

Price per Month: \_\_\_\_\_

Description of items to be offered for sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Display Plans: (Type of fixtures, display ideas, etc. NO painting of walls or floors allowed, floor coverings are not permitted, no additional lighting. It is our intent to keep Artwalk an outstanding and upscale gallery.)  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Name: (Please Print) \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date: \_\_\_\_\_

Management: \_\_\_\_\_

Date: \_\_\_\_\_

611 WEST KING STREET ~ BOONE, NC 28607  
PHONE: 828.264.9998 ~ FAX: 828.264.9996  
ARTWALKBOONE@YAHOO.COM ~ WWW.ARTWALKBOONE.COM

