

**Application for Membership and Lease**

Date: \_\_\_\_\_ Desired Move in date: \_\_\_\_\_ Estimated Sq. Ft. Needed: \_\_\_\_\_

Would you share a showroom: Yes or No If yes how much space would you need?: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sole Proprietor \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Years in Business: \_\_\_\_\_

Principal(s)/Officer(s): \_\_\_\_\_

Social Security # /Tax ID # \_\_\_\_\_

Who will be the Member? \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Sales Reps: \_\_\_\_\_

Territories Covered: \_\_\_\_\_

Please tell us a few of the lines you will show in your showroom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Type: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade or Credit References – Must include fax number:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I authorize Tri State Gift Association to have access to my credit files:

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

Name Please Print: \_\_\_\_\_

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

In order to process your application, we require the last three years of signed business tax returns and a check for \$50 made out to the Tri State Gift Association or Columbus MarketPlace. All tax and financial information is held in the strictest of confidence. Documents are reviewed only by our staff accountant and executive director. Financial information will be returned to you at the completion of the application process.

