

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: _____

Page Two - Application

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.

