



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: 828.265.9998 ~ FAX: 828.264.9996
ARTWALKBOONE@YAHOO.COM ~ WWW.ARTWALKBOONE.COM

