



BUYER REGISTRATION FORM

If you have **not attended** a show within the **past two years**, you must present the following requested materials.

Pre-registration closes **two weeks** prior to show dates. After that time **you must register** at the market.

IMPORTANT!

Required Credentials for **ALL** Qualified Buyers!

COMPANY CREDENTIALS:

A Copy of your **Resale Tax Certificate** (required)

AND

Two Forms of Company ID

(the following are acceptable, choose two)

- ✓ A voided business check
- ✓ A copy of your federal ID number
- ✓ Yellow pages business listing
- ✓ Recent business invoice from trade industry

EMPLOYEE OF COMPANY:

One Form Required for Each Employee

(must be supplied by each employee registering as a buyer, **business cards not accepted**, choose one)

- ✓ A W-2 form
- ✓ A copy of cancelled company payroll check
- ✓ Copy of company credit card with both the employee's and company's name

OPEN TO THE TRADE ONLY:

Buyers must be affiliated with a retail business that resells products displayed at the market. Photo ID for **all** registered buyers must be presented at the registration desk. All badges for the market will be issued at the discretion of show management.

Cameras, strollers and children under 15 are not permitted on the showroom floor.

HOW DID YOU FIND OUT ABOUT THE MARKETS?

- | | |
|---|---|
| <input type="checkbox"/> 1. Country Business | <input type="checkbox"/> 6. Exhibitor |
| <input type="checkbox"/> 2. Main Antique Digest | <input type="checkbox"/> 7. E-mail |
| <input type="checkbox"/> 3. Market Square Preview | <input type="checkbox"/> 8. Other _____ |
| <input type="checkbox"/> 4. Brochure/Post Card | _____ |
| <input type="checkbox"/> 5. Website | |

TYPE OF BUSINESS

- | | |
|--|---|
| <input type="checkbox"/> 1. Antique Shop | <input type="checkbox"/> 8. Catalog |
| <input type="checkbox"/> 2. Country Shop | <input type="checkbox"/> 9. Stationery |
| <input type="checkbox"/> 3. Department Store | <input type="checkbox"/> 10. Garden/Nursery |
| <input type="checkbox"/> 4. Furniture Store | <input type="checkbox"/> 11. Museum |
| <input type="checkbox"/> 5. Gallery | <input type="checkbox"/> 12. Other _____ |
| <input type="checkbox"/> 6. Gift Shop | _____ |
| <input type="checkbox"/> 7. Interior Design | |

BUSINESS INFORMATION

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Business Fax: _____

E-mail: _____

Website: _____

Sale Tax Number: _____

BUYERS ATTENDING

1. (owner) _____

2. _____

3. _____

4. _____

MAIL OR FAX COMPLETED REGISTRATION FORM AND COMPANY IDENTIFICATION TO:

Market Square, Inc.

P.O. Box 899, Mechanicsburg, PA 17055

Phone: 717-796-2377, Fax: 717-796-2384

E-mail: mktsqr@epix.net

www.marketsquashows.com