

MARKET SQUARE VIB BUYER PROGRAM

Company Name of Exhibitor: _____

Please list (10) of your current buyers that do not attend the **Market Square Show**. List (1) buyer name per company. When complete please fax form to **717-796-2384**.

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

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Company: _____

Owner/Buyer: _____

Address: _____

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Owner/Buyer: _____

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City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Owner/Buyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____