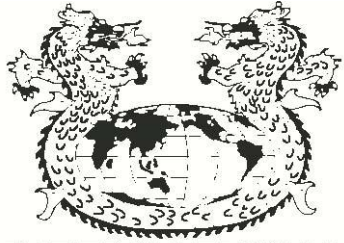


___ DAILY RENTAL ___ WEEKLY RENTAL ___ GARAGE SALE ___ MONTHLY RENTAL



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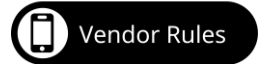
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RAIN OR SHINE

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DEALER INFORMATION

(PLEASE PRINT)

DEALER #: _____ BOOTH #: _____ DATE: _____

BUSINESS NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____ CELL PHONE #: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

(ATTACH A COPY TO INFORMATION SHEET)

FLORIDA SALES TAX #: _____ POLK COUNTY OCCUPATION LICENSE#: _____

(Call 1-800-352-3671 for More Information)

(Call 863-534-4731 for More Information)

MAIN ITEMS OF MERCHANDISE SOLD:

1. _____
2. _____
3. _____
4. _____
5. _____

No Sale of Counterfeit Merchandise

No Changing of Merchandise without written Notice to the Office

The applicant understands that all past due balances will be subject to 5% per month finance charge. The applicant further agrees to pay a 35% collection charge in the event of default if the account is placed with a collection agency or attorney.

HOW MUCH ELECTRIC NEEDED AND USE FOR? _____

EMERGENCY CONTACT: (Please list someone with a different phone #)

NAME: _____ PHONE#: _____

NAME: _____ PHONE#: _____ EMAIL ADDRESS: _____

INDIVIDUALS AUTHORIZED TO ENTER STALL DURING THE WEEK:

NAME: _____ NAME: _____

D/LICENSE# _____ D/LICENSE# _____

(ATTACH COPY)

(ATTACH COPY)

I have read the rules and agree to always comply with them at all times. I agree to assume full responsibility for anyone working in my assigned stall. I agree to contact management immediately if there is a change in the above information. **I understand that there are no refunds or exchanges on booth rentals.**

VENDOR SIGNATURE: _____ DATE: _____

MARKET RENTAL SIGNATURE: _____ DATE: _____