



## BRIMFIELD ANTIQUE CENTER

Waiting List Application Form for Floor or Case Space  
60 Showcases ~ 20 Floor Spaces

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone: (      ) \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Floor/Case Space Requested: \_\_\_\_\_

Floor/Case Space Assigned: \_\_\_\_\_

Description of Your Merchandise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail To:  
BAC Management, Inc.  
P.O. Box 714  
Fiskdale, MA 01518-0714