APPLICATION FOR CERTIFIED VENDOR'S LICENSE DELTA SIGMA THETA SORORITY, INC. ▲ A SERVICE ORGANIZATION

Type or Print this application and return to:

Delta Sigma Theta Sorority, Inc. 1707 New Hampshire Ave. Washington, D.C. 20009

FOR OFFICE USE ONLY					
Date Rec'd Payment Rec'd Verified by					
Approved: Yes □ or No □ Initial					

Company Name:			
Applicant Name and Title			
Address			
City		State	Zip Code
Telephone Number(s) Day ()	Email	
This company is primarily: O Sole Proprietor O Part		Manufacturer/Wholesaler	O Retail Store O Mail Order
Type of Certification:	New Application		Renewal Application
	of your company a member of ancial member information belo		! O No!
Paraphernalia relating to th	e SORORITY , or containing description of the nature of	the crest, symbols, or any	py, sell, display or distribute trade name or trademark of the e manner of such manufacture
What methods do you use	e to market your merchandise	?	
Check The Items You Wisl	h to Sell (use a separate sheet	of paper, if necessary)	
O Accessories (Ladies) O African Artifacts O Apparel (Children/Infants) O Apparel (Ladies) O Apparel (Men) O Art/Prints/Posters O Auto Accessories O Badges/Buttons O Banners/Flags O Bath Accessories O Bath Apparel O Beachwear/Playwear O Books/Literature	 Candy/Cookies Ceramics/Cups/Mugs Crafts/Quilted Crafts Desk/Office Accessories Decals Dolls Furs Garment Bags Glassware Greek Paraphernalia Hats/Caps Hosiery/Socks Jackets 	 Jewelry Khaki/Safari Shirts Lamps Leather Goods License Plates/Frames Linen/Bedding Luggage/Purses Mirrors/Accessories Monograms Paddles Pens/Pencils Photos/Pictures/Posters Sculptures 	 Shirts/T-Shirts Shoes Sportswear/Sweatsuits Sweaters Toys/Games Travel Kits/Tote Bags Umbrellas Wooden Artifacts Other
	FOR RENE	WALS ONLY	
Diagon Lint that It and the St.		TILD OILL	
Please List the Item(s) You I	No Longer Wish to Sell.		

(Attach an additional sheet if more space is needed. It is very important that all details or proposed activity by Applicant be disclosed.) This will be reviewed very carefully and shall impact upon licensure decision.

Business references: List name, address and telephone rebusiness with the Applicant:	number of three (3) persons (or a company) who have dor		
Please list Distributor(s) and or Manufacturer(s) who regula	rly handle your products.		
DISTRIBUTORS Locations in which your products are sold or displayed.	MANUFACTURERS Companies who produce your designs, or from whom your company regularly purchase items.		
CityZip	City Zip		
CityZip	CityZip		
City Zip Zip THE SORORITY ACCEPTS THE FOLLOWING MEAN(S) OF PAYO	City Zip_		
☐ CREDIT CARDS: MASTERCARD VISA AMERICAN EXP ☐ CASH	RESS		
Applicant understands that the SORORITY must grant a LICENSE before anyone may manufacture, design, make, copy, sell, display or distribute any Paraphernalia relating to the SORORITY , or containing the crest, symbols or any trade name or trademark or the SORORITY. (Initial)	Please attach to Application samples of proposed Paraphernalia, or at least drawings or photographs of proposed Paraphernalia. Please indicate if applicant is a Financial Member of the SORORITY (and if applicant is a Partnership or Corporation, please provide the information below of this financial member that is a partner or corporate officer.) Name of Soror		
Applicant understands that the SORORITY does not grant LICENSES for a period in excess of two years and may grant solely in its discretion a LICENSE for a shorter period, or confined to a limited geographical area;			
and that to obtain a renewal or extension of a LICENSE , a separate Application must be submitted and approved. (Initial)	Chapter Position/Title		
Applicant understands that in the event of the approval of this Application in whole or in part, that Applicant must execute a VENDOR'S AGREEMENT upon terms satisfactory to the SORORITY which includes the	Membership Number Submitted By (Name of Applicant, or person signing on behalf of Applicant)		
payment of a License Fee to the SORORITY , in amount as indicated on said AGREEMENT .	Date		