

Business references: List name, address and telephone number of three (3) persons (or a company) who have done business with the Applicant:

Please list Distributor(s) and or Manufacturer(s) who regularly handle your products.

DISTRIBUTORS

Locations in which your products are sold or displayed.

City _____ Zip _____

City _____ Zip _____

City _____ Zip _____

MANUFACTURERS

Companies who produce your designs, or from whom your company regularly purchase items.

City _____ Zip _____

City _____ Zip _____

City _____ Zip _____

THE SORORITY ACCEPTS THE FOLLOWING MEAN(S) OF PAYMENT FOR PURCHASE

- CREDIT CARDS: MASTERCARD VISA AMERICAN EXPRESS
- CASHIER/CERTIFIED CHECK OR MONEY ORDER
- CASH

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 ____)

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 ____)

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 payment of a License Fee to the **SORORITY**, in amount as indicated on said **AGREEMENT**.

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 _____

Chapter _____

Position/Title _____

Membership Number _____

Submitted By _____
(Name of Applicant, or person signing on behalf of Applicant)

Date _____

