

# APPLICATION FOR VENDOR PARTNERSHIP PROGRAM LICENSE

OMEGA PHI CHI MULTICULTURAL SORORITY, INC.

Type or Print this application and return to: 576 Valley Rd, #261, Wayne, NJ 07666, or scan and email to [vendors@omegaphichi.org](mailto:vendors@omegaphichi.org).

## For Official Use Only

Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Verified By: \_\_\_\_\_ Approved: Yes  No  Initial \_\_\_\_\_

Company Name: \_\_\_\_\_  
Applicant Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Type of Business:  Retail Store (physical location)  Online Store (no physical location)  
(Check all of the types of applicable business)  Manufacturer / Wholesaler  Mail Order / Email Order / Phone Order  
 Other \_\_\_\_\_

Type of Application:  New Application (\$500)  Renewal Application (\$400)  Product Additions (\$100)

Are you, or a key member of your company a sister of Omega Phi Chi?  Yes  No  
If yes, please provide the following: Position: \_\_\_\_\_ Name: \_\_\_\_\_

*Key members must be in a decisions-making position, an officer, owner, or partner. This individual may be listed publically as a contact person for your company. Active members may receive a credit towards licensing fees.*

Check the items that you wish to sell (use a separate sheet of paper if necessary):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessories (Ladies)         | <input type="checkbox"/> Decals                  | <input type="checkbox"/> Mirrors/Accessories     |
| <input type="checkbox"/> Apparel (Children's/Infants) | <input type="checkbox"/> Desk/Office Accessories | <input type="checkbox"/> Monograms               |
| <input type="checkbox"/> Apparel (Ladies)             | <input type="checkbox"/> Garment Bags/Tags       | <input type="checkbox"/> Pens/Pencils            |
| <input type="checkbox"/> Art/Prints/Posters           | <input type="checkbox"/> Glassware               | <input type="checkbox"/> Photos/Pictures/Posters |
| <input type="checkbox"/> Auto Accessories             | <input type="checkbox"/> Greek Paraphernalia     | <input type="checkbox"/> Shirts/T-Shirts         |
| <input type="checkbox"/> Badges/Buttons               | <input type="checkbox"/> Hats/Caps               | <input type="checkbox"/> Sportswear              |
| <input type="checkbox"/> Banners/Flags                | <input type="checkbox"/> Hosiery/Socks           | <input type="checkbox"/> Sweaters                |
| <input type="checkbox"/> Bath Accessories             | <input type="checkbox"/> Jackets                 | <input type="checkbox"/> Transfers               |
| <input type="checkbox"/> Bath Apparel                 | <input type="checkbox"/> Jewelry                 | <input type="checkbox"/> Travel Kits/Tote Bags   |
| <input type="checkbox"/> Beachwear/Playwear           | <input type="checkbox"/> License Plates/Frames   | <input type="checkbox"/> Umbrellas               |
| <input type="checkbox"/> Candy/Cookies                | <input type="checkbox"/> Linen/Bedding           | <input type="checkbox"/> Wooden Artifacts        |
| <input type="checkbox"/> Ceramic/Cups/Mugs            | <input type="checkbox"/> Loungewear              | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Crafts                       | <input type="checkbox"/> Luggage/Purses          | <input type="checkbox"/> Other _____             |

What methods do you use to market your merchandise?

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*\*It is important that all details or proposed activity be disclosed. This information shall be reviewed and will affect licensing decisions.*

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

**Distributors**

Locations in which your products are sold or displayed.

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Company Name

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Address

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City State Zip

Phone ( ) \_\_\_\_\_

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Company Name

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Address

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City State Zip

Phone ( ) \_\_\_\_\_

**Manufacturers**

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

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Company Name

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Address

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City State Zip

Phone ( ) \_\_\_\_\_

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Company Name

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Address

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City State Zip

Phone ( ) \_\_\_\_\_

The company accepts the following methods of payment for purchases:

- Visa                       MasterCard                       Discover                       American Express
- Cash                       Personal Checks                       Money Order / Cashier's Check                       Other \_\_\_\_\_

Applicant understands that Omega Phi Chi must grant a license prior to manufacturing, designing, selling, displaying, or distributing any merchandise related to the sorority, or containing any of our marks, symbols or trade name.

**(Initial \_\_\_\_\_ )**

Applicant understands that Omega Phi Chi does not grant licenses for a period of more than two years and may grant a license for a shorter period of time under special circumstances determined by the organization; and obtaining a license for longer than that the issues license will require an application renewal to be submitted and approved, and associated fees paid.

**(Initial \_\_\_\_\_ )**

Applicant understands that in the event of an approval of this application in whole or in part, the applicant must comply with the Vendor Partnership Program Guidelines as unsatisfactory compliance may result in revocation of the issued licensed at the discretion of the organization.

**(Initial \_\_\_\_\_ )**

Applicant understands that the fees indicated on this application are subject to change.

**(Initial \_\_\_\_\_ )**

**Please attach samples, drawings, or photos of proposed merchandise.**

Please include below any notes or comments to assist the approval of your application:

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# CREDIT CARD AUTHORIZATION FORM

OMEGA PHI CHI MULTICULTURAL SORORITY, INC.

Sign and complete this form to authorize Omega Phi Chi Multicultural Sorority to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to you may be entitled to.

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Chapter: \_\_\_\_\_

(Mark the appropriate box)

Vendor Partnership Program License Fees       Omega Weekend  
 Dues       Other \_\_\_\_\_  
Total Amount: \_\_\_\_\_

Charge total amount to my:

Visa       MasterCard       Discover       American Express

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Name on the Card (print): \_\_\_\_\_

Cardholder's Address if not the same as above:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I authorize the Omega Phi Chi Multicultural Sorority, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.