

Business/Company Name:
Contact Name:(First, Last)
Address:
City: State: Zip Code:
Phone Number:
Website:
Proposed Date of Use:
Email Address:
Check the following that apply: You are a:
Sorority Member: Non-Sorority Member:
Merchant/Seller: Manufacturer:
Preferred Method to Communicate Approval: Please provide one of the following:
Email:
Phone: _()
Mail Address:



Delta Theta Delta Sorority, Inc. Vendor Application

Please fill out and list the items in which you wish to duplicate as a saleable item. Attach Additional Sheet if Necessary

ie.

Delta Theta Delta Sorority, Inc.
Item Dimensions Qty Proof Submitted
T-Shirt Sizes XXS -XXXL 250 Y

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10)

Delta Theta Delta Sorority, Inc.

RULES AND REGULATIONS FOR USE OF Delta Theta Delta OFFICIAL INSIGNIA, OFFICIAL SHIELD AND ANY COPYRIGHTED MATERIAL

- I. Exact replica of Official Shield must be used in either black and white or official sorority colors only. No alterations or modifications may be made to the Official Shield.
- II. Payment of Usage Fee does not guarantee vendor space at sorority conferences or events. Vendor booth rental must still be paid in full.
- III. An Approved Vendor/Merchant is defined as a business or individual who sells items with the Delta Theta Delta Official Shield and/or Logo on merchandise.
- IV. The Usage Fee enables the approved party to use the Copyrighted Insignia for a period of one year.
- V. The Usage Fee will be \$150.00 for Sorority Members* and \$300.00 for Nonsorority



Delta Theta Delta Sorority, Inc. Vendor Application

Members and Outside Vendors. *Sorority Members must be financial within the sorority at all levels upon the submission of this application. Prior to authorization, do not mail usage fee. All vendors must adhere to a 20% usage fee per item sold for all/any merchandise that represents Delta Theta Delta Sorority, Inc.

VI. Delta Theta Delta insignia may be printed on clothing, bags, jewelry,glassware, scarves, etc. All items except jewelry shall be in the official colors of Delta Theta Delta Sorority Inc. Proofs of color palette must be submitted with application either by sample or color photograph.

VII. Merchant Agreements are non-transferrable. Process for Submission of Application is as follows via Email only:

- 1) The application and product sample only should be emailed to the Founder of Delta Theta Delta Sorority Inc., at deltatheta22@gmail.com.
- 2) Our National Founder will review the application and either approve or disapprove the application. You will be notified within 14 days of receipt with application status.
- 3) An invoice for Usage Fees must then be sent to the secretary@ deltathetadeltasorority@gmail.com after approval of National Recording Secretary.
- 4) If application/agreement is approved, and fees submitted, a copy of the Official Shield of Delta Theta Delta Sorority Inc., in Black and White and Official Sorority colors, will be forwarded to you directly. Where the application/agreement is not approved, your funds will be promptly returned. SALES SITE RESTRICTIONS: Sales from hotel rooms or areas other than approved vendor space by authorized vendors is prohibited. CODE OF CONDUCT: Exhibitor agrees to conduct themselves in a business and professional manner that includes respecting officers and members of Delta Theta Delta Sorority, Inc. and hotel or venue staff and representatives at any event of Delta Theta Delta Sorority, Inc. where they contract booth space. Failure to adhere to this code of conduct will result in the immediate forfeiture of the opportunity to be a vendor for Delta Theta Delta Sorority, Inc. at any time in the future. Please initial the statement below to denote that you have read

the



Delta Theta Delta Sorority, Inc. Vendor Application

Merchant and Usage Guidelines:

Note: Send via email not mail

Office Use Only

I have read the above-listed Merchant and Usage Guidelines and understand the rules and regulations regarding all Copyrighted and Trademarked articles Delta Theta Delta Sorority Inc. I agree that if I or any agent of my company/chapter misuses sorority insignia, that my Approved Merchant status will be revoked immediately, pending review and possible banishment of selling Delta Theta Delta Sorority collateral and paraphernalia.

Delta Theta Delta Sorority, Inc.	
Vendor Signature:	Date:
Applications Received:	
	_ Date Received
National Secretary:	
	_ Date Received
National Financial Secretary:	
Application: Approved	_ Disapproved