



**THETA PHI ETA SORORITY, INC.
APPLICATION FOR CERTIFIED VENDOR'S LICENSE**

Company Name: _____

Applicant Name and Title _____

Address _____

City State Zip Code _____

Telephone Number(s) _____ Email _____

Vendor Application Fee: \$250.00 Email application to: thetaphieta@gmail.com

(Invoice will be sent to email once application is received)

This company is primarily:

- Business Concession Manufacturer/Wholesaler Retail Store Mail Order
- Sole Proprietor Partnership Corporation

Type of Certification: New Application Renewal Application

Are you, or a member of your company a member of the Theta Phi Eta? Yes No

If yes, please provide the financial member information below.

Applicants request a nonexclusive **LICENSE** to manufacture, design, make, copy, sell, display or distribute Paraphernalia relating to the **SORORITY**, or containing the crest, symbols, or any trade name or trademark of the **SORORITY**, and the exact description of the nature of such Paraphernalia and the manner of such manufacture sale and distribution is described as follows:

Check The Items You Wish to Sell (use a separate sheet of paper, if necessary)

- | | |
|---|--|
| <input type="checkbox"/> Accessories (Ladies) | <input type="checkbox"/> Shirts/T-Shirts |
| <input type="checkbox"/> Jackets | <input type="checkbox"/> Badges/Buttons |
| <input type="checkbox"/> African Artifacts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Banners/Flags |
| <input type="checkbox"/> Khaki/Safari | <input type="checkbox"/> Bath Accessories |
| <input type="checkbox"/> Khaki/Safari Shirts | <input type="checkbox"/> Bath Apparel |
| <input type="checkbox"/> Apparel (Children/Infants) | <input type="checkbox"/> Beachwear/Playwear |
| <input type="checkbox"/> Leather Goods | <input type="checkbox"/> Books/Literature |
| <input type="checkbox"/> Apparel (Ladies) | <input type="checkbox"/> Candy/Cookies |
| <input type="checkbox"/> Photos/Pictures/Posters | <input type="checkbox"/> Ceramics/Cups/Mugs |
| <input type="checkbox"/> Apparel (Men) | <input type="checkbox"/> Crafts/Quilted Crafts |
| <input type="checkbox"/> Umbrellas | <input type="checkbox"/> Desk/Office Accessories |
| <input type="checkbox"/> Art/Prints/Posters | <input type="checkbox"/> Garment Bags |
| <input type="checkbox"/> Wooden Artifacts | <input type="checkbox"/> Glassware |
| <input type="checkbox"/> Auto Accessories | <input type="checkbox"/> Greek Paraphernalia |

FOR RENEWALS ONLY

Please List the Item(s) You 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.)

FOR OFFICE USE ONLY

Date Rec'd _____ Payment Rec'd _____ Verified by _____ Approved: Yes or No Initial _____