



National Association for the Advancement of Colored People

4805 Mount Hope Drive | Baltimore, MD 21215

VENDOR APPLICATION

New Application Renewal Application License No.: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

Primary Contact Person: _____

This company is primarily: (Please check one)

Business Concession Mail Order Manufacture/Wholesaler Retail Store

Check the merchandise you plan to sell using NAACP Marks. Provide a sample:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessories [Men] | <input type="checkbox"/> Jackets | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Apparel [Children/Infants] | <input type="checkbox"/> Jewelry | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Apparel [Men] | <input type="checkbox"/> License Plates/Frames | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Art/Prints/Posters | <input type="checkbox"/> Loungewear | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Accessories | <input type="checkbox"/> Photos/Pictures/Posters | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Badges/Buttons | <input type="checkbox"/> Shirts/T-Shirts | |
| <input type="checkbox"/> Banners/Flags | <input type="checkbox"/> Sportswear/Sweatsuits | |
| <input type="checkbox"/> Books/Literature | <input type="checkbox"/> Sweaters | |
| <input type="checkbox"/> Ceramics/Cups/Mugs | <input type="checkbox"/> Travel Kits/Tote Bags | |
| <input type="checkbox"/> Decals | <input type="checkbox"/> Watches | |
| <input type="checkbox"/> Desk/Office Accessories | <input type="checkbox"/> Wooden Artifacts | |
| <input type="checkbox"/> Glassware | | |
| <input type="checkbox"/> Hats/Caps | | |

If you plan to sell NAACP paraphernalia, please list the Distributors and/or Manufacturers who regularly handle your products. They, too, will need to be licensed.

Please list other organizations and/or companies with whom you do or have done business.

_____	_____
_____	_____
_____	_____

The company does does not plan to attend regional Civil Rights Advocacy and Training Institutes.

Select which of the following Regional Institutes you plan on attending:

- Region I Region II Region III Region IV
 Region V Region VI Region VII

The company accepts the following means of payment for purchase:

- Cash American Express Personal/Company Checks Travelers Checks
 Diner's Club Discover Card Master Charge Visa
 Other: _____

Please return your application to:

NAACP
OFFICE OF THE GENERAL COUNSEL
4805 MOUNT HOPE DRIVE
BALTIMORE, MD 21215

FOR OFFICE USE ONLY

- All items approved
 All items not approved
 Sample Enclosed
 Payment Enclosed

Explain: _____

Date Received _____ Certified Check/Money Order # _____
Amount of Check/Money Order \$ _____
Credit Card \$ _____

National Association for the Advancement of Colored People
Office of the General Counsel
4805 MOUNT HOPE DRIVE
BALTIMORE, MD 21215
vendor@naacpnet.org