



Non-profit Agency Application

Date _____

Agency Name _____

Parent Organization _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

Tax Exempt Number _____ Group number _____

Please circle all the areas that your agency serves:

- | | | | | |
|-----------------|---------------|---------------|-----------|-----------------|
| Seniors | At risk youth | Abuse victims | Homeless | DD |
| Underprivileged | Minority | Education | Refugee | Veterans |
| Single Parents | Children | Inner city | Displaced | Disaster relief |

Authorizing officer and title: _____

Printed name _____

Persons authorized to use this account, please print:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

The following paperwork is necessary for your file:

1. Application, 2. IRS Letter of Determination, 3. List of the Board of Directors, and 4. Signed Non-profit Agreement.

Please read and sign

I agree and understand that these goods cannot be resold, traded or bartered in any of the following formats: 1. Internet sales, 2. Garage sales, 3. Porch sales or 4. Private sales to others. Any authorized shopper violating this agreement will subject the above named non-profit agency to prosecution and possible loss of the 501(c)3 tax exempt status.

Signature of authorized officer

Title

Date