



# Non-profit Agency Application

Date \_\_\_\_\_

Agency Name /  
Parent Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Tax Exempt Number \_\_\_\_\_ Group number \_\_\_\_\_

Authorizing officer and title: \_\_\_\_\_

Persons authorized to use this account, please print:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Please circle all the areas that your agency serves:**

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

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