



Non-profit Agency Application

Date _____

DIDOMI
SEVENPLUS

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. Signed Non- Profit Agreement
4. List of the Board of Directors

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