



# SWING PHI SWING

## Social Fellowship, Incorporated®

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National Office • P.O. Box 25824 • Richmond, VA 23260-5824 • 202-684-8650 • nationaloffice@swingphiswing.org

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### VENDOR INDEMNIFICATION CLAUSE

Swing Phi Swing Social Fellowship, Inc.® (“the Fellowship”) agrees to indemnify, and hold harmless the Vendor from and against any and all claims, demands, loss or liability of every nature, for injuries to person and/or property, occurring in or about or in any way connected with the Vendor and its use by the Fellowship for the event, to the extent arising out of the negligence of the Fellowship, its officers, members, or guests.

The Vendor agrees to indemnify and hold harmless, the Fellowship, its officers, members, or guests from and against any and all claims, demands, loss or liability of every nature, for injuries to persons and/or property, occurring in or about or in any way connected with the Vendor and its use by the Fellowship for the event, to the extent arising out of the negligence of the Vendor, its agents, employees, or guests.

In the event of any claims, demands, loss or liability arising out of the negligence of both the Fellowship and the Vendor, each party shall be responsible, including reasonable attorney’s fees and costs, based upon its proportionate share of negligence.

#### FELLOWSHIP

Swing Phi Swing Social Fellowship, Inc.

\_\_\_\_\_  
National President Signature

\_\_\_\_\_  
Date

#### VENDOR

\_\_\_\_\_

\_\_\_\_\_  
Proprietor/Vendor Representative Signature

\_\_\_\_\_  
Date



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### APPLICATION FOR VENDOR AUTHORIZATION INSTRUCTIONS

The attached form must be completed by organization members, affiliate chapters, independent individuals or companies requesting authorization to sell paraphernalia products which may or may not include the insignia (*shield*) or other registered marks of Swing Phi Swing Social Fellowship, Inc.

This form, along with the appropriate fee must be forwarded to:

**SWING PHI SWING S.F.I.**  
**ATTN: National Treasurer**  
**P.O. Box 6013**  
**Cary, NC 27519**

Form and fee can also be remitted in person to an authorized agent of the fellowship (*i.e., President, Vice President, Treasurer or Special Events Officer*).

All payments must be rendered in the form of cash, business check or money order and must be received at least two weeks prior to the sale of any applicable items.

Preferred Vendor authorization will be granted for a period of one year. Authorized vendors will be given an official vendor identification badge, which should be displayed at all times during the sale of items. Authorized vendors are entitled to a stand, booth or table for the express purpose of selling products at the Swing Phi Swing Social Fellowship, Inc. National Convention or other specified national events.

By virtue of this agreement, authorized vendors are expected to sell only non-descript items (those containing no Swing moniker) or those which comply with the organization's U.S. Patent and Trademark Registration.



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### APPLICATION FOR VENDOR AUTHORIZATION

*Please Type or Print Clearly*

Date of Application: \_\_\_\_\_  
*Month / Day / Year*

Company/Business Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
*Last First M.I.*

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_  
*Area Code & Phone Number Area Code & Phone Number*

E-mail Address: \_\_\_\_\_

#### VENDOR CLASSIFICATION *(check one)*

- Convention Vendor - Three Day Event ..... \$200.00
- Preferred Vendor - One Year Subscription ..... \$400.00

*20% Discount for chapters and members of Swing Phi Swing or Groove Phi Groove Social Fellowships, Inc.®*

METHOD OF PAYMENT *(check one)*:  Cash  Business Check  Money Order

Description of Products to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR NATIONAL OFFICE USE ONLY</b>			
Received By: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied