



## Vendor Relationship Membership Application

Thank you for your interest in a DFA Vendor Relationship Program! Please fill out this 2-page form to assist the DFA in determining your company's eligibility for this program. We will contact you within one week from the time you return this form provided your company meets necessary requirements for a partnership.

Company Name: \_\_\_\_\_

Product or Service: \_\_\_\_\_

Name of Company CEO: \_\_\_\_\_

Name of Company Representative for Domino's®: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Years in Business: \_\_\_\_\_ Number of Employees in your Company: \_\_\_\_\_

Primary Method of Communication with Current Clients: *(Please Mark with an "X")*

Phone  Email  Standard Mail  Fax  Website  Other

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email(s): \_\_\_\_\_

Benefits to Domino's Franchisees: \_\_\_\_\_

What Features Position Your Company Ahead of Your Competitors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your company service a National or Regional market? *(Please Circle One)*

If Regional, what states do you cover? \_\_\_\_\_

Do you currently do business with any Domino's franchisees? *(Please Circle or Highlight)* **Yes No**

Do you have clients that are Domino's competitors? (i.e., Pizza Hut, Papa John's, Little Caesar's, etc.)  
*(Please Circle or Highlight)* **Yes No**

If Yes, Please List Competitors: \_\_\_\_\_

Can you offer exclusive discounts to DFA members? *(Please Circle or Highlight)* **Yes No**

If so, what can you offer?

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**Client References – 5 Total** *(Please List Names with Emails and/or Phone Numbers)*

***\*References #1, 2 & 3 are required to be from Domino's Pizza Corporate and/or Domino's Pizza Franchisees\****

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

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

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

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

5. \_\_\_\_\_