



# OMA

**PARTNER APPLICATION**

11/01/22



The goal of this application is to illustrate how your company is qualified to market and service the OMA Platform and its Partners. Please answer each question with as much detail as possible and provide all requested attachments including photos. If your application is incomplete in any way, our review of it may be delayed.

**Company** \_\_\_\_\_

**Legal Entity** (if different) \_\_\_\_\_

Authorized Participating Representative

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

**HQ Address** \_\_\_\_\_

**Legal Mailing Address** (if different than above)

**Billing Address** (if different than above)

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

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

**Name(s) of Principal(s) & Percentage of Ownership**

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

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

**Other Operating Locations** (include complete address & warehouse square footage for each)

\_\_\_\_\_  
\_\_\_\_\_  
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**Markets Served** (2-hour drive radius from location)

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Are you considering an acquisition in a new market? If yes, where?

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**Competitive Advantage** (within your market)

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**Your Company Strengths**

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**Number of Vehicles in Your Fleet**

Straight \_\_\_\_\_ Truck \_\_\_\_\_ Tractor Trailer \_\_\_\_\_ Van \_\_\_\_\_ Other \_\_\_\_\_

**Number of Employees** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are your employees required to wear uniforms? \_\_\_\_\_

Do you use Sub-Contractors or Owner Operators? If yes, what percentage of total business do they serve?

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**Commercial Relocation Sales Team** (please list their names and titles)

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**Commercial Relocation Average Annual Revenue** \_\_\_\_\_



**Service Offered, Percentage, & Volume**

- Office Relocation \_\_\_\_\_ %     \$ \_\_\_\_\_
- Archive Storage \_\_\_\_\_ %     \$ \_\_\_\_\_
- Contract Furniture Sales \_\_\_\_\_ %     \$ \_\_\_\_\_
- Contract Furniture Delivery \_\_\_\_\_ %     \$ \_\_\_\_\_
- Contract Furniture Installation \_\_\_\_\_ %     \$ \_\_\_\_\_
- Contract Furniture Cleaning, Repair, & Refurbishment \_\_\_\_\_ %     \$ \_\_\_\_\_
- Hospitality FF&E/OS&E Delivery & Installation \_\_\_\_\_ %     \$ \_\_\_\_\_
- 3rd Party Logistics/Distribution \_\_\_\_\_ %     \$ \_\_\_\_\_
- Decommission \_\_\_\_\_ %     \$ \_\_\_\_\_
- Other \_\_\_\_\_ %     \$ \_\_\_\_\_

**Commercial Relocation Customer References** (please list 4)

\_\_\_\_\_

\_\_\_\_\_

Have any of these, or other clients showed any interest in a Commercial Relocation Network like OMA or asked you to perform a move in a city other than one you service? \_\_\_\_\_

**Primary Lead Sources**

\_\_\_\_\_

\_\_\_\_\_

**Primary Banking Reference**

**Company** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Insurance Broker/Carrier**

**Company** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_



**Benefits You Would Like from Joining OMA**

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

Would you participate in a "Best Practices" program (to share ideas)? \_\_\_\_\_

**Your OMA Primary Point of Contact** (will also participate in regular OMA activities)

\_\_\_\_\_

Please attach a copy of your Certificate of Insurance, a photo of your facility, and your crew next to one of your trucks.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for making the investment to complete this application. Please feel free to contact the membership committee if you need clarification on any information requested on this application.

Your application will be carefully reviewed and considered by our Board of Directors, and we may contact you for clarifications or for further information.

Please submit all information to Julie Henson at [jhenson@omavantage.com](mailto:jhenson@omavantage.com).