



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)



Markets Served (2-hour drive radius from location)

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

Competitive Advantage (within your market)

Your Company Strengths

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?

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

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.