



Oriental Rug Retailers of America
Business Office * P.O. Box 129 * Landrum, SC 29356
Tel: 864.895.6544

APPLICATION FOR 2023 RETAIL MEMBERSHIP

BUSINESS INFORMATION to be listed on the ORRA Website as Member:

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL* (PUBLIC): _____

WEB-SITE: _____

OWNER(S) NAME(S): **(Please indicate if you wish to have your contact name(s) listed)**

_____ TITLE: _____

_____ TITLE: _____

***EMAIL CONTACT for ORRA accounting and information only:** _____

ADDITIONAL LOCATIONS OF RUG STORES OR DEPARTMENTS OWNED BY THE FIRM LISTED ABOVE to be listed on the ORRA website as Member*:

SECOND LOCATION:
NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**Use a separate sheet for more than two locations* _____

*** PLEASE INCLUDE 4 PHOTOGRAPHS: INTERIOR (2) AND EXTERIOR (2) OF YOUR STOREFRONT(S)**

**ANNUAL ASSOCIATE AND RETAIL MEMBERSHIP DUES cover 1 location for JAN 1st--DEC 31st - **\$325.00
PLEASE ADD \$50.00 FOR EACH ADDITIONAL LOCATION**

*“The more you know about **ORIENTAL RUGS** the more you trust your **ORRA** dealer.”*

www.orrainc.com *** orra@orrainc.com



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QUESTIONNAIRE: (Use a separate sheet for each location if warranted)

1. NUMBER OF YEARS IN THE RETAIL RUG BUSINESS: _____ YEARS
2. NUMBER OF YEARS ABOVE FIRM HAS BEEN IN OPERATION AT EACH LOCATION: _____ YEARS
3. APPROXIMATE PERCENTAGE OF YOUR OVERALL VOLUME FROM ORIENTAL RUG SALES: _____ %
4. APPROXIMATE ANNUAL ORIENTAL RUG SALES ONLY:
 - LESS THAN \$250,000 _____
 - BETWEEN \$250,000 AND \$500,000 _____
 - BETWEEN \$500,000 AND \$1,000,000 _____
 - GREATER THAN \$1,000,000 _____

5. PRODUCTS AND SERVICES PROVIDED BY YOUR FIRM:

NEW RUG SALES OLD/ANTIQUE RUG SALES WALL TO WALL RUG RESTORATION
 RUG CLEANING ORRA CRA (CERTIFIED RUG APPRAISALS)
OTHER _____

6. BANK NAME: _____ **ADDRESS** _____
CITY _____ **STATE** _____ **ZIP** _____
BANK PHONE _____

REFERENCES:

LIST 4 RUG WHOLESALERS WITH WHOM YOU DO BUSINESS:

1. _____ PHONE: _____
2. _____ PHONE: _____
3. _____ PHONE: _____
4. _____ PHONE: _____

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SUBMIT YOUR APPLICATION *PHOTOGRAPHS AND DUES CHECK OF **\$325 to:

ORRA, INC.
Business Office
P.O. Box 129
Landrum, SC 29356

Please make check payable to ORRA, INC. Thank you.

- * **PLEASE INCLUDE 4 PHOTOGRAPHS: INTERIOR (2) AND EXTERIOR (2) OF YOUR STOREFRONT AND OPERATION**
ANNUAL ASSOCIATE AND RETAIL MEMBERSHIP DUES cover 1 location for
JAN 1st--DEC 31st - **\$325.00
PLEASE ADD \$50.00 FOR EACH ADDITIONAL LOCATION

ORRA, INC CODE OF ETHICS

The following Code of Ethics has been determined by the **ORRA RUG RETAILERS ASSOCIATION (ORRA, INC.)** to promote integrity, fairness, honesty, and equality in the rug retailing business for the purpose of strengthening and further developing the the rug retailing business as a whole, as well as ORRA, INC.

Each member of **ORRA, INC.** shall:

- A) Continue to operate its business from an established store;
- B) Mark each rug with a label clearly stating the price, country of origin, type and materials contained therein;
- C) Promptly notify **ORRA, INC.** of a change in permanent location of its store by filing with **ORRA, INC.** the new address and photographs of new permanent store location;
- D) Maintain high ethical standards in advertising, selling and purchasing rugs.
- E) Strictly comply with all local, state and federal laws, regulations and ordinances governing proper sales and trade practices.
- F) Support the goals of **ORRA INC.** in achieving greater education and protection of the rug consumer.

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Headquarters use only

Comments _____

Please return your completed application with a payment of \$325.00 plus \$50 for each additional location listing and remit to:

ORRA, Inc.
Business Office
P.O. Box 129
Landrum, SC 29356

This payment covers the fee for the 2021 annual dues. Check or credit cards accepted.

If charging membership fee please fill out credit information below and mail.

A 5% convenience fee will be billed for all credit card charges

Type of Credit Card (circle one)

American Express Visa MasterCard Discover

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ ****MUST PROVIDE SECURITY CODE : **** _____

PRINT signatory's name exactly as it appears on credit card: _____

Credit Card Billing Address: Please Print

Address: _____

City/State: _____ **Zip:** _____

PHONE NUMBER: (_____) _____ - _____

Signatory: _____ **Date:** _____

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