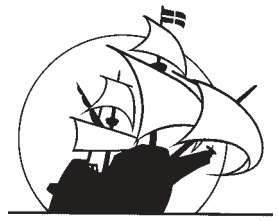


PrestonSpeed Publications Reseller/Credit Application



Company Name: _____

Purchasing Agent: _____

Owner's Name: _____

Phone Number: _____

Fax Number: _____

Accounts Payable Contact: _____

Phone Number: _____

Fax Number: _____

Bill To Address: _____

Years at current address _____

Ship To Address: _____

Tax ID number _____

Type of Business:

Retail Distributor Church Book Table Rack
 Jobber Educational Institution Chain Store
 Catalogue Museum Store Conventions
 other/describe: _____

Type of Ownership:

Sole Proprietorship Partnership
 Corporation non profit Corporation profit
 Institution college Church Owned

Owner's Residence:

Address: _____

City/State/Zip _____

Phone () _____ - _____

Month/Year Established _____ / _____

Annual Sales \$ _____

I hereby give authorization for prestonSpeed Publications to contact creditors listed above to obtain credit information on my company.

Signed _____ Title _____ Date _____

Thank you for your interest in PrestonSpeed Publications.

Stores Only

Number of Stores _____

Location: Urban Suburban Rural Free Standing
 Open Strip Mall Enclosed Mall

Do you publish a catalogue? Yes No How often? _____

How many copies are printed? _____

Trade References (three please)

1 _____

Name address,city,state,zip

Phone _____ Fax _____

Account Number _____

2 _____

Name address,city,state,zip

Phone _____ Fax _____

Account Number _____

3 _____

Name address,city,state,zip

Phone _____ Fax _____

Account Number _____

Shipping Method: UPS RPS Truck

other method _____

Postal specify type: _____

Cosignee: Method/Company _____

Account number if needed _____

Special Instructions _____

Buyer _____

Salesman _____

Do you accept back orders? Yes No