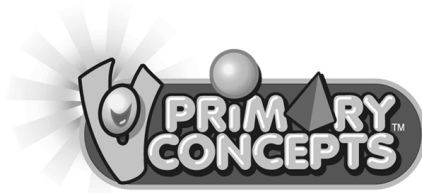


Credit Application



Wholesale Dealership Credit Application

Company Name: _____ Contact Name/Title: _____

Billing Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Preferred Ship Method: _____ Account Number _____

Type of Business: _____ Years in Business: _____ Parent Company? _____

If a catalog co., no. of catalogs mailed/yr: _____ Deadline for new product review: _____

Do you have teacher stores? _____ If yes, how many? _____

Bank Name: _____ Acct. Type: _____ Acct. No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Resale Certificate No.: _____ For which states? _____

Trade References:

Company: _____ Phone: (_____) _____
Contact: _____ Fax: (_____) _____
Address: _____ Account Number: _____
City: _____ State: _____ Zip: _____
Company: _____ Phone: (_____) _____
Contact: _____ Fax: (_____) _____
Address: _____ Account Number: _____
City: _____ State: _____ Zip: _____
Company: _____ Phone: (_____) _____
Contact: _____ Fax: (_____) _____
Address: _____ Account Number: _____
City: _____ State: _____ Zip: _____

I hereby certify the information provided above is true and correct to the best of my knowledge and authorize any credit investigation for verification. I have read and agree to the terms of Primary Concepts Dealer Policy.

Signature: _____ Printed Name: _____

Title: _____ Date: _____