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**CURRENT
 DISTRIBUTOR APPLICATION
 CONFIDENTIAL INFORMATION**

FAX TO:423.359.2010
 Email:credit@americancalendar.com
 Or mail: American Calendar
 P.O.Box 69
 Greeneville,TN 37744

FIRM NAME _____

STREET ADDRESS _____ P.O.BOX _____

CITY _____ STATE _____ ZIP _____

BUYER'S NAME _____

PHONE # _____ FAX _____ E-MAIL _____

OF ACTIVE SALESMEN? _____ HOW LONG IN BUSINESS? _____

ARE YOU A MEMBER OF ASI? _____ ASI # _____ PPAI# _____ SAGE# _____

WHAT IS YOUR COMPANY'S NET WORTH? _____

If you are NOT already set up on open account, please fill out the information in this box.
 Use the five trade references that you did the most business with last year.

NAME	ADDRESS	CITY & STATE	VOLUME LAST YEAR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

BANK REFERENCE: _____

APPROXIMATE SALES VOLUME LAST YEAR _____

HAVE YOU DONE BUSINESS WITH OUR COMPANY IN THE PAST? _____

I certify that all of the above information is correct. I agree to American Calendar's policies as outlined in the Special Information page in the current American Calendar ASI full catalog. I also understand that if credit is extended, American Calendar Company will charge two percent (2%) per month (24% per annum) finance charges to all invoices that are over thirty (30) days past due. If after an invoice is ninety (90) days past due, it is placed with a collection agency or attorney, we agree to be liable for all expenses incurred in collection, including, but not limited to, court costs and reasonable attorney's fees, which fees shall be not less than twenty percent (20%) of the outstanding balance owing. I further agree that any dispute arising out of this agreement or any purchase order placed pursuant hereto shall be litigated only in the courts in the State of Tennessee and in the County of Greene including the United States District Court for the District of Tennessee, if it has jurisdiction otherwise. I agree to submit to the "in personam" jurisdiction of the State of Tennessee and to waive any objection which I have to the same. If it is necessary for the depositions to be taken of any witnesses in said litigation, then I agree to make each and every one of said witnesses available for depositions in Greeneville, Tennessee. The parties agree that venue in any litigation, shall be in Greene County, Tennessee, and hereby waive objection to the same. If any merchandise is defective, we agree that our exclusive remedy is to have you replace defective merchandise within a reasonable period of time after their return or, at manufacturer's option, to refund the per unit cost. I further agree to all terms as listed on the Special Information page in the current American Calendar Catalog.

DATE _____ PRINT NAME: _____

TITLE: _____ SIGNATURE: _____

QUESTIONS?---CALL 800-638-6870