



Datatel Resources Corporation
1729 Pennsylvania Avenue
Monaca, PA 15061-1852

NOTE: ALL AREAS MUST BE COMPLETED

DISTRIBUTOR DATA SHEET/CREDIT APPLICATION

DATE

The following information is submitted for your consideration as a basis of extension of credit to us.

DISTRIBUTOR NAME	TELEPHONE NO.
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STREET ADDRESS (DO NOT USE P.O. BOX)	CITY	STATE	ZIP CODE
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BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	STATE	ZIP CODE
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YEAR BUSINESS BEGAN _____ TYPE OF BUSINESS _____

GROSS ANNUAL SALES ARE _____ CREDIT LIMIT REQUESTED _____

THIS BUSINESS IS A SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION (WHAT STATE _____) NUMBER OF SALESPERSONS _____

SUBSIDIARY OF _____ (NAME) _____ (ADDRESS)

PAYMENT WILL BE SENT FROM _____ (NAME) _____ (ADDRESS) TELEPHONE (_____)

ALL THE OWNERS OR, IF CORPORATION, ALL THE OFFICERS ARE:

TITLE _____ TITLE _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

*S.S. NO. _____ *(REQUIRED IF NOT A CORPORATION)

TITLE _____ TITLE _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

*S.S. NO. _____ *(REQUIRED IF NOT A CORPORATION)

THIS SECTION MUST BE COMPLETED IF YOUR CURRENT COMPANY HAS BEEN IN BUSINESS LESS THAN 5 YEARS.

PREVIOUS EMPLOYERS:

COMPANY NAME	CITY	STATE	PERIOD EMPLOYED
COMPANY NAME	CITY	STATE	PERIOD EMPLOYED

HAVE YOU APPLIED FOR CREDIT OR CONDUCTED BUSINESS IN THE PAST WITH DATATEL RESOURCES CORPORATION.

IF YES, UNDER WHAT NAME: _____ COMPANY NAME _____ CITY _____ STATE _____

TRADE CREDIT REFERENCES (SUPPLIERS FROM WHOM YOU ARE CURRENTLY BUYING PRINTED PRODUCTS)

1 COMPANY NAME	2 COMPANY NAME	3 COMPANY NAME
ADDRESS	ADDRESS	ADDRESS
CITY & STATE	CITY & STATE	CITY & STATE
CONTACT	CONTACT	CONTACT
TELEPHONE NO.	TELEPHONE NO.	TELEPHONE NO.

BANK NAME AND ADDRESS _____

ACCOUNT NUMBER _____ OFFICER TO CONTACT _____ TELEPHONE (_____)

RESALE TAX NO. _____ STATE _____

AS OWNER OR CORPORATE OFFICER, I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND THAT WE WILL PAY YOUR INVOICES ACCORDING TO DATATEL'S TERMS.

NAME (PRINT OR TYPE)	SIGNATURE
TITLE	DATE

PLEASE COMPLETE

DISTRIBUTOR ONLY
 MANUFACTURER
 MANUFACTURER/DISTRIBUTOR

DO YOU SPECIALIZE IN SELLING TO CERTAIN TYPES OF ACCOUNTS?
 YES
 NO _____ SPECIALIZED AREA _____

GENERAL GEOGRAPHIC AREA OF COVERAGE _____

NO. OF FIELD SALESPERSONS? _____ DO YOU HAVE WAREHOUSE FACILITIES?
 YES
 NO

DO YOU HAVE BRANCH OFFICES?
 YES
 NO (Please attach list.)

PRODUCTS SOLD OTHER THAN CONTINUOUS BUSINESS FORMS, SNAP-A-PARTS, OR MAILERS _____

SHALL WE USE YOUR STUB IMPRINT?
 YES
 NO (If yes, please submit art with each order.)

MEMBER N.B.F.A.?
 YES
 NO
 O.K. TO CONTACT SALESPERSON DIRECT?
 YES
 NO - H.O. ONLY

YOUR COMMENTS AND/OR SUGGESTIONS. _____

Dear Distributor:

We respect your right to privacy regarding your financial condition. The information you state below is used strictly to evaluate the maximum line of credit we can extend your company and is kept in the strictest of confidence.

Please don't be offended, but, if you wish to not fill out this portion of the credit application, the amount of credit we will be able to extend can only be based on the information we receive from your three trade references or other sources.

We are flexible and creative in expanding the established limit, but it will require our mutual cooperation and understanding. There are numerous methods to accomplish this and we would be pleased to review them with you personally.

We hope that you will feel free to contact us at any time regarding questions you might have about our terms or credit policies.

You may attach a copy of your latest financial statements in lieu of completing the following:

STATEMENT OF OUR PRESENT FINANCIAL CONDITION

The following figures set forth present our financial standing and business operation upon which you may rely for the purpose of establishing our credit. A copy of your audited financial statement may be attached in lieu of completing the information below.

CURRENT ASSETS: Cash on hand and in banks \$ _____ Due from customers _____ Cost value of merchandise on hand _____ Other current assets _____ CURRENT LIABILITIES: Bank loans payable within a year \$ _____ Tax obligations due _____ Due to merchandise creditors _____ Other debts due within a year _____ NET WORTH \$ _____ MONTHLY SALES VOLUME \$ _____	FIXED ASSETS: Business equipment \$ _____ Land used in business _____ Buildings used in business _____ Other fixed assets _____ INDEBTEDNESS NOT DUE WITHIN A YEAR: Chattel mortgages due on merchandise \$ _____ Chattel mortgages due on other assets _____ Real estate mortgages _____ Other long term debt _____ NET WORTH \$ _____ MONTHLY SALES VOLUME \$ _____
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TERMS AND CONDITIONS

1. Our terms of sale are 2% 10 days, net 30 days. There will be no discount allowed on tax and freight. Discounts allowed will be determined by the date of the invoice and the date your check is received. No discounts will be allowed when there are any other balance(s) and/or invoice(s) past our terms open on your account.
2. Discounts will not be offered to accounts who take discounts after the allowed period of days on a regular basis.
3. A service charge of 1½% per month, or the limit allowed by law, will be billed for all open balances over 45 days from the date of the invoice.