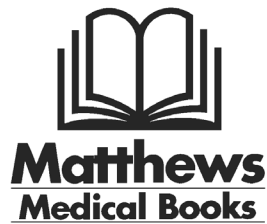


2 PAGE FORM
PLEASE SIGN ON SECOND
PAGE BEFORE SUBMITTING



NEW ACCOUNT APPLICATION

DATE _____

PLEASE PROVIDE THE FOLLOWING INFORMATION AND EMAIL TO: ar_matt@matthewsbooks.com

If you have any questions, please contact David Jay at (314) 432-1401 Ext. 333 or (800) 233-2870 Ext. 333

ACCOUNT NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

STORE CONTACT NAME: _____ POSITION: _____

PHONE#: _____ FAX#: _____ EMAIL: _____

BILL TO ADDRESS: (SAME AS ABOVE ____)

SHIP TO ADDRESS: (SAME AS ABOVE ____)

ACCOUNTS PAYABLE CONTACT:

NAME: _____ PHONE #: _____

FAX#: _____ EMAIL: _____

EMAIL FOR STATEMENT: _____

SALES TAX STATUS: TAXABLE? YES ____ NO ____ (**MUST PROVIDE TAX EXEMPT/RESALE LICENSE**)

BUYING GROUP AFFILIATION (IF APPLICABLE)

___ CHAMPS ___ NEW ENGLAND BUYING CONSORTIUM ___ INDEPENDENT COLLEGE BOOKSTORE ASSOCIATION

BOOKSTORES (PLEASE CHECK ONE):

___ INDEPENDENTLY OWNED

___ LEASE OPERATOR

___ INSTITUTIONAL

OWNER: _____

LEASED BY: _____

DATE ESTABLISHED: _____

AS OF DATE: _____



**Matthews
Medical Books**

CREDIT APPLICATION

ACCOUNT NAME _____

CREDIT LINE REQUESTING: \$ _____

BANKING REFERENCE: _____ ACCOUNT #: _____

BANK ADDRESS: _____

CONTACT: _____ PHONE # _____

OPEN TRADE REFERENCES (MAJOR MEDICAL PUBLISHERS , IF APPLICABLE)

COMPANY NAME: _____ PH #: (_____) _____

ADDRESS: _____

CONTACT NAME: _____ ACCT #: _____

COMPANY NAME: _____ PH #: (_____) _____

ADDRESS: _____

CONTACT NAME: _____ ACCT #: _____

INFORMATION ON OFFICERS, PARTNERS AND/OR PRINCIPALS (PLEASE PRINT):

NAME: _____ POSITION: _____

HOME ADDRESS: _____ HOME PH #: _____

CITY/ST/ZIP: _____ SOCIAL SECURITY #: _____

IN LIEU OF FINANCIAL STATEMENTS AND IN ORDER TO FACILITATE THE CREDIT PROCESS AND TO ASSURE PROMPT FULFILLMENT OF YOUR ORDER, THE PRINCIPAL OWNERS, OFFICERS, OR PARTNERS MAY SIGN THE FOLLOWING ASSUMPTION OF RESPONSIBILITY AND GUARANTEE AGREEMENT:

I (WE) ASSUME PERSONAL RESPONSIBILITY FOR AND GUARANTEE PAYMENT OF ALL SUMS DUE AND PAYABLE TO MATTHEWS BOOK COMPANY BY THE APPLICANT LISTED HEREIN, INCLUDING REASONABLE ATTORNEY'S FEES, SHOULD THE ACCOUNT BE PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION. I (WE) ALSO CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

SIGNED: _____

SIGNED: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

THE ABOVE INFORMATION IS SUBMITTED ONLY FOR THE PURPOSE OF OBTAINING CREDIT.

SIGNATURE: _____ POSITION: _____

PLEASE PRINT NAME: _____ PHONE # _____