

Payment Information

Name of Cardholder: _____

Basic Membership \$29.99/month for the 1st year.

*Price does not include \$150 one-time only non-refundable processing fee.

Check card to be charged*:

American Express Discover MasterCard VISA

* Credit card will be kept as the credit card on record.

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

*Exclusive of applicable sales tax

Or, if you would prefer to pay by check, please make payable to ASI and mail to ... Attention: ASI Distributor Membership Services
4800 Street Road, Treove, PA 19053-6698

Sign Up for Your UPS Discounts Here!

Once you are an ASI member, you can save up to 40% on UPS shipping just by completing this information.

Street Address (No P.O Boxes): _____

City: _____ State: _____ Zip: _____

Name: _____

Signature: _____

UPS® Shipper Number (if applicable): _____

I hereby request and authorize ASI to open a UPS® account for my company to take advantage of the ASI shipping program incentives. I understand the shipping incentives will begin 10 working days after I receive my ASI number and there are no other incentives available to my existing UPS® account number.

- I am a corporate officer, partner or owner of the Company named in this Application and am authorized to legally bind the Company.
- I have reviewed this Application and represent that the data and statements contained therein are true and correct, and are an accurate description of the Company's policies, resources, products and services marketed as a specialty advertising distributor. I UNDERSTAND AND ACCEPT THAT IF ANY OF THE INFORMATION THAT I HAVE PROVIDED CONCERNING THIS APPLICATION IS FALSE, ASI MAY DELIST MY COMPANY AS AN ASI LISTED DISTRIBUTOR, BILL ME OR MY COMPANY FOR THE COST OF ATTEMPTING TO VERIFY THE FALSE INFORMATION AND/OR TAKE ANY AND ALL APPROPRIATE LEGAL ACTIONS. I FURTHER AGREE, THAT MY COMPANY OR I SHALL BE RESPONSIBLE FOR ALL COSTS (INCLUDING LEGAL COSTS) THAT ASI MAY INCUR IN PURSUING SUCH ACTIONS.
- Your assigned ASI Number and listing in ASI databases, publications and services requires that the Company comply with ASI membership requirements and pay membership dues.
- ASI may rely on the data. All or part of the data, together with pertinent information concerning the Company obtained from ASI Network suppliers and distributors, may be set forth in the ASI Credit Service, in ASI directories, and computer services and provided to other entities. ASI may request written or oral verification of the data and of the Company's transactions, credit history and qualifications to be listed from the Company and from present and future subscribers of ASI services and from others. If not verified to its satisfaction, ASI may refuse to list the Company as a distributor and may withdraw the affected data from future reports and literature. Upon request, the Company will promptly and accurately complete, sign and return to ASI periodic distributor listing updates, annual surveys or similar documents. If ASI determines that the Company is no longer actively and regularly engaged in the business as stated in this Application, or if the Company fails to provide requested updates or fails to meet listing criteria, ASI, in its sole discretion, may delist the Company and withdraw its ASI Identification Number.
- The official ASI Identification Number, (the "ASI Number") licensed to the Company is property of and is a part of the ASI confidential, proprietary and copyrighted distributor numbering system. The ASI Number will be used SOLELY in connection with the conduct of the Company's business as a specialty advertising/promotional products distributor and for use SOLELY by the Company, and may not be assigned, transferred or otherwise made available for use by any other entity or individual. The ASI Number is intended for the purpose of identifying your Company to the ASI Distributor and Supplier Network and does not imply ASI endorsement of your Company's products or policies. The Company shall take no action to indicate that it has ownership of the number.
- The Company further agrees: to maintain the confidentiality of all proprietary, confidential or copyrighted information received from ASI; not to copy, in whole or in part or prepare any other work from such information; not to transfer such information to any electronic or mechanical addressing or data processing system; to use such information only in connection with its business as a distributor of specialty advertising products; and will not furnish such information, in any form, to any other company or individual other than to identify the Company to a vendor for purposes of purchasing products or obtaining lines of credit.
- In the event the Company breaches any of the terms and conditions stated herein, ASI, in its sole discretion, may in addition to its other legal remedies: obtain reimbursement of its legal fees incurred in curing such breach; delete the Company's listing from the ASI database reports and literature; withdraw permission to use the number; and/or discontinue other ASI services. Upon request, the Company shall immediately return to ASI all confidential, proprietary or copyrighted materials, including copies.
- ASI will use reasonable efforts to avoid errors in reporting the data in this Application to authorized suppliers. The entire liability of ASI and the Company's exclusive remedy in the event of ASI error shall be for ASI to promptly attempt to correct those errors that are reported by the Company to ASI.
- Each of those individuals listed in this Application as an officer, partner or owner of the Company, as well as those individuals who may be added from time to time by the Company, may be relied upon by ASI as having authority to represent and make changes on behalf of the Company in connection with the data in this Application, unless and until ASI receives notification in writing from the Company that such individual does not have such authority.
- IN NO EVENT SHALL ASI BE LIABLE FOR ANY INCIDENTAL, INDIRECT, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES of any kind, INCLUDING BUT NOT LIMITED TO LOST REVENUES OR PROFITS, REGARDLESS OF THE FORM OF THE ACTION WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, EVEN IF ASI HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL THE MAXIMUM LIABILITY OF ASI EXCEED THE APPLICATION AND MEMBERSHIP FEE.
- Applicant agrees that these terms and conditions and their application shall be governed in accordance with the laws of the Commonwealth of Pennsylvania without giving effect to any choice or conflicts of law. By submitting this application, Applicant agrees that any action at lawsuit in equity or other judicial proceeding concerning the application or the terms and conditions shall be decided exclusively by and in a state or federal court in Pennsylvania and accordingly consents to the exclusive jurisdiction and venue of the Common Pleas Courts of Bucks County, Pennsylvania or the United States Federal District Court for the Eastern District of Pennsylvania.
- The Company shall be obligated and be responsible for the proper performance of these terms and conditions by its representatives, employees, agents and independent contractors.
- The initial term of your membership is one (1) year. After the initial term, your membership will automatically renew for successive one (1) year terms at the then-current rates with no refunds unless either party provides notice of termination to the other party thirty (30) days prior to the anniversary date. These terms and conditions shall be binding upon the Company's heirs, successors and permitted assigns. ASI reserves the right to impose a late charge of 1-1/2% per month (or any lower rate required by applicable law) on any unpaid balance. From time-to time ASI will send you special service offers for your billing acceptance.
- ASI may at any time require verification by an Officer of your Company and verification by an outside CPA auditor (secured at your expense) that the Company meets the listing qualifications, as well as verification of the accuracy and completeness of the data, set forth in this Application.
- ASI products and services that are not part of your membership selection are available at a separate charge, and are not part of the listing requirements nor processing fee.
- ASI reserves the right, in its sole discretion, whether to approve or deny any listing application.
- The failure of ASI to partially or fully exercise any right or the waiver by ASI of any breach shall not prevent a subsequent exercise of such right or be deemed a waiver of any subsequent breach of the same or any other term or condition.
- No presumption or burden of proof or persuasion shall be implied by virtue of the fact these Terms & Conditions were prepared by a particular party. These Terms & Conditions set forth the entire agreement between the parties on this subject and supercedes all prior negotiations, understandings and agreements between the parties concerning the subject matter. No amendment or modification of these Terms & Conditions shall be made except by a writing signed by an officer of the party to be bound thereby.

I hereby authorize and consent for the company/organization noted on this document to receive faxes or emails sent by or on behalf of ASI®, *The ASI Show!*®, and ASI Computer Systems™ to the fax numbers and e-mail addresses provided in this document.

Agreed to:

Applicant Company Name _____

by _____ **Date** _____
Signature of Corporate Officer, Partner or Owner

Print Name _____ **Print Title** _____

Questions?

Please contact Distributor Membership Services Toll free: 1-866-JoinASI (1-866-564-6274) • FAX: 1-800-546-1399 • membership@asicentral.com • Thank you for applying to ASI.

ASI Distributor Membership Application

Thank you for your interest in becoming a distributor member of the Advertising Specialty Institute (ASI). Here are just some of the benefits you'll receive with your membership.

ASI Member Benefits For You



Your Very Own ASI Number

Your ASI number gives you instant industry credibility and immediate access to ASI's 3,000+ suppliers and their full product lines.

Exclusive Access to Business Building Services

ESP Web™, LogoMall, and ASI catalogs: ASI's exclusive research, marketing, and business management tools are vital to building a successful distributorship. Additional fees apply for these services.

Savings on Business Services

The average ASI member saves \$2,400 a year on everyday business services, such as up to 45% savings on UPS shipping, up to 50% savings on credit card processing fees, and exclusive member savings at OfficeMax.

The ASI Show Experience

Free Admission and Networking Opportunities at five leading trade shows in Orlando, Dallas, New York, San Diego, and Chicago. Four free tickets to each show and a free hotel stay. See www.asishow.com for all the details.

Education Sessions

Attend more than 400 sessions and webinars throughout the year – at no charge

Free Media File Catalog Your First Year

The industry's #1 printed, hardbound catalog delivered right to your doorstep.

Free Advantages Magazine Subscription

Advice and strategies for ad specialty sales delivered to your door monthly.

In order to qualify for ASI distributor membership, your distributorship must be ...

- An active, for-profit entity under U.S. state or federal law.
- Doing business in the ad specialty industry or any related industry.
- Purchasing the majority of your ad specialties from suppliers and /or manufacturers for resale to end-user customers that are not owned, operated, controlled, franchised, affiliated or connected to your distributorship/company.

To become one of our 20,000+ successful distributor members just complete the following three steps ...

1. Complete this application along with payment information.
2. Submit copies of invoices from at least three different ASI suppliers addressed to your company, each over \$100, and dated from within the last twelve months. These invoices must be for ad specialties, but not purchased for use by your company or any entity affiliated with your company. Please include the end-user clients' name, city and state on each invoice. We do not use the information you provide to contact your clients. This will help establish your company's credit profile, allowing you to place orders more quickly with ASI suppliers.
3. Fax your application along with proper invoices to ASI Membership at 1-800-546-1399 or 1-215-953-3535.

Upon completion of the above steps, ASI will process your information and notify you within a week with your ASI number.

If you have any questions about ASI, please call 1-866-JoinASI (1-866-564-6274) or email membership@asicentral.com. We look forward to working with you to grow your business.

Section 1: Company Information

1. Company Name: _____

2. Bill to Address (P O Box) _____
City: _____ State: _____ Zip Code: _____
- 2a. Phone Number: _____
2b. Toll Free Number: _____
2c. Fax Number: _____
2d. Web Address: _____
2e. Primary Email: _____

3. Ship to Address _____

4. Primary Contact Information:

Name _____
Title _____
Email _____
Phone Number _____
Previous Employer _____

5. How did you hear about ASI:

- Direct mail, email or Fax (Promotion Code _____)
- Magazine Ad (Please name _____)
- Internet (Search engine used _____)
- Association (Please name _____)
- Trade show (Please name _____)
- Distributor/Supplier (Name & ASI # _____)

6. Check category that best describes your company:

- Individual proprietorship partnership Corporation LLC

7. What is your Primary location?

- Showroom Plant Office Building Residence Office/Showroom

8. Office Hours: Daily: _____ to _____ Saturday: _____ to _____

9. In what year was your company established? _____

10. Is your business incorporated? Yes No

If Yes, What was the date of incorporation? _____

What is the state of incorporation? _____

11. Is your firm a member of a trade association? Yes No

If Yes, Please provide name and acronym of the trade association:

Company/Owner Characteristics

12. Is your company minority owned? Yes No
By: African American Alaskan Native Asian Disabled Veteran
 Hispanic Native American Pacific Islander
 Physically Challenged Women

13. Is your company owned by a Male Female

14. Is your company a home based business? Yes No

15. Is your company family owned? Yes No

16. Approximate year of birth of firm owner/president _____

Sales Force

17. Total Number of Employees: _____

18. Number of Employee Salespeople:
Full time _____ Part Time _____

19. Number of Independent Contractors:
Full time _____ Part Time _____

20. Gender of Sales Force: % Male: _____ % Female _____

Sales Volume

21. Sales of Advertising Specialty products only: _____

22. Total sales volume of the firm (including figure above): _____

23. Estimated Net Worth (Assets minus Liabilities) \$ _____

Section 2: References

The following information will be published in ASI Credit Connect, which provides distributor credit data to ASI suppliers.



24. Bank Name: _____

City: _____ State: _____

Phone Number: _____

Supplier References

25. Please list 3 suppliers within the ASI network that you have ordered from in the past year

Company Name: _____ ASI # _____

Company Name: _____ ASI # _____

Company Name: _____ ASI # _____

Section 3: Company Services

Industry Characteristics:

The following information may be used by our Editorial staff to gather industry trends and/or by ASI's Credit Connect services that help suppliers market their products/services.

Special Services:

26. Special services and facilities you offer to your clients include: (select up to 5)

- A Art, design and layout
B Copywriting for letters, brochures, etc
C Complete advertising agency services
D Complete sales promotion agency services
E Specialty and premium fulfillment services
F Warehousing and drop shipping
G Direct mail list rental & maintenance
H Printing
I Gift wrapping/packaging
J Local imprinting and/or personalizing



Types of Operations

27. List the key operations of your company: (select up to 5)

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| A <input type="checkbox"/> Distributor of advertising specialties | Q <input type="checkbox"/> Advertising Agency |
| B <input type="checkbox"/> Distributor of business gifts | R <input type="checkbox"/> Point of Purchase |
| C <input type="checkbox"/> Distributor of Calendars | S <input type="checkbox"/> Specialty Supplier |
| D <input type="checkbox"/> Distributor of Premiums/incentives | T <input type="checkbox"/> Travel Agency |
| E <input type="checkbox"/> Exporter | U <input type="checkbox"/> Fundraising |
| F <input type="checkbox"/> Manufacturers representative | V <input type="checkbox"/> Distributor of trophies/awards |
| G <input type="checkbox"/> Distributor agent | W <input type="checkbox"/> Distributor of business forms |
| H <input type="checkbox"/> Imprinter/screen printer | X <input type="checkbox"/> Corporate co-op catalog producer |
| I <input type="checkbox"/> Importer | Y <input type="checkbox"/> Distributor of Office supplies/Office products |
| J <input type="checkbox"/> Assembler | Z <input type="checkbox"/> Embroider |
| K <input type="checkbox"/> Manufacturer | 1 <input type="checkbox"/> Fulfillment/Warehousing/ Drop shipping |
| L <input type="checkbox"/> Retailer of gifts | 2 <input type="checkbox"/> Mail list rental/Mail house |
| M <input type="checkbox"/> Retailer of stationery | 3 <input type="checkbox"/> Web site developer |
| N <input type="checkbox"/> Wholesaler of stationery | |
| O <input type="checkbox"/> Wholesaler of general merchandise | |
| P <input type="checkbox"/> Printer | |

Types of Accounts

28. List the types of accounts your company sells to commonly: (select up to 5)

- A. Agriculture & Farming
- B. Clubs, Associates, Civic Groups, Non Profits
- C. Financial (banks, S&L, credit unions)
- D. Government agencies
- E. Schools, colleges, universities, etc.
- F. Insurance companies and agencies
- G. Utilities
- H. Industrial Products
- I. Clothing, Appliances, Soft goods, Mfgs
- J. Food, Tobacco, Sundries
- K. Chemical and Pharmaceutical companies
- L. Political parties and candidates
- M. Retail (stores, shopping centers)
- N. Professional Offices (Lawyers, Doctors)
- O. Marketing Services (ad agencies)
- P. Service businesses (real estate, personnel)
- Q. Transportation (Airlines, Freight companies)
- R. Wholesalers
- S. Construction companies
- T. Health and Medical
- U. Recreation (Theaters, Bowling, etc)
- V. Automotive dealers & Mfgs.
- W. Hospitality (resorts, hotels, restaurants, etc)
- X. Manufacturing
- Y. Media (Radio, TV, Newspapers, Magazines)
- Z. Sports Related (Professional Teams)
- 1. Technology (Computers, Software Mfgs/Internet, Web Developers)

Product Lines

29. List the main product lines of your company: (select up to 5)

- A. Auto Accessories
- B. Awards, Trophies & Plaques
- C. Badges, Buttons
- D. Calendars and timepieces
- E. Plastic (non-vinyl)
- F. Food, Edibles
- G. Emblematic jewelry
- H. Industrial and safety items
- I. Glass and ceramic products (crystal)
- J. Housewares and home products (flashlights, cutlery, etc)
- K. Inflatables (balloons, etc)
- L. Electronic/computer products
- M. Office and desk products
- N. Paper products (Pocket reminders, diaries)
- O. Cards (business, greeting and stationery), Signs & displays
- P. Sports Accessories (Bottles, coolers, equipment, golf balls, etc)
- Q. Toys & stuffed Animals
- R. Vinyl (pocket, desk, home)
- S. Wearables (Caps, jackets, shirts, etc)
- T. Writing instruments
- U. Key tags
- V. Health, safety and environmental products
- W. Travel products
- X. Magnetic products
- Y. Cups and mugs
- Z. Decals, transfers, emblems
- 1. Bags (Canvas, Tote, Paper, Plastic, etc)
- 2. Umbrellas/sunglasses
- 3. Party Products (Balloons, Napkins, Plates, etc)
- 4. Personal Care, Beauty Products
- 5. Phone calling cards

30. Multiple Branch Locations – If you have multiple branches, please list their locations here. Use additional sheets if necessary.

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact name: _____
 Title: _____
 Email Address: _____
 Phone Number: _____ Fax Number: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact name: _____
 Title: _____
 Email Address: _____
 Phone Number: _____ Fax Number: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact name: _____
 Title: _____
 Email Address: _____
 Phone Number: _____ Fax Number: _____

Company Contacts:

31. Marketing Contact

Name _____
 Title _____
 Email _____ Phone Number _____
 Primary Employer _____

Secondary:
 Name _____
 Title _____
 Email _____ Phone Number _____
 Primary Employer _____

Secondary:
 Name _____
 Title _____
 Email _____ Phone Number _____
 Company name of Prior Business or Employer _____

Secondary:
 Name _____
 Title _____
 Email _____ Phone Number _____
 Company name of Prior Business or Employer _____

Secondary:
 Name _____
 Title _____
 Email _____ Phone Number _____
 Company name of Prior Business or Employer _____

Secondary:
 Name _____
 Title _____
 Email _____ Phone Number _____
 Company name of Prior Business or Employer _____