Instructions for Completion

Please complete and sign the following forms and send them to Inscape Publishing with the application fee.

• Wholesale Purchase Application & Agreement Form
• New Authorized Distributor/Sponsor Form

Agreement Instructions

• The applicant and sponsor should read and review all content included in the documents.
• The applicant must sign the Wholesale Purchase Application & Agreement Form on the Wholesale Purchaser’s signature line.
• The applicant and sponsor must sign the New Authorized Distributor/Sponsor Form.
• Inscape Publishing will accept the online version of the Inscape Publishing New Authorized Distributor/Sponsor Form without the sponsor’s signature if the sponsor’s name is embedded.

Application Fee Information

• Inscape Publishing accepts VISA, MasterCard, Discover, and American Express.
• All monies and fees are payable in U.S. Funds.
• The application fee for 2003 is $795.
• The secondary application fee for 2003 is $395.

Send signed forms and payment by mail or fax to

Inscape Publishing
6465 Wayzata Blvd, Suite 800
Minneapolis, MN  55426-1725
Fax: 763-765-2276

C. Michael Ferraro
C. Michael Ferraro
INSCAPE PUBLISHING, INC.
Wholesale Purchase Application & Agreement

NAME (Last, First, Middle) ______________________________ ______________________________

Social Security Number _____________________________ _____________________________

How many years of training/consulting experience do you have? □ less than 1 □ 1-3 □ 4+

Company Name ______________________________

Street Address ____________________________________________

City ___________________ State/Province ___________ Zip/Postal Code __________

Daytime Telephone (include area code) __________________________

Daytime Fax Number (include area code) __________________________

Email Address ____________________________________________

SECONDARY WHOLESALE PURCHASER (Last, First, Middle) — Joint Wholesale Purchase accounts only. Secondary Wholesale Purchaser must sign below and additional $395 fee is due.

I, the undersigned, understand and agree to the following:

1. Upon acceptance of this Wholesale Purchase Application and Agreement (the “Agreement”) by Inscape Publishing, Inc. (IPI) at its offices in Minneapolis, Minnesota, payment of the Application Fee or Renewal Fee, and delivery to IPI of a state sales tax resale certificate (if applicable), I will be a Wholesale Purchaser of IPI’s products (the “Product”), which are listed on the current Confidential Wholesale Price List. This allows me to purchase the Product, subject to the terms of this Agreement, and to access current support services as determined and provided by IPI.

2. As a Wholesale Purchaser, I am also an Authorized Distributor of Inscape Publishing products, and I understand that my authorization to distribute these products is restricted to end user customers in the Training and Development Market with whom my primary relationship is or has been as a provider of fee-based services (training, coaching, consulting, speaking, etc.) which create value incremental to that of the Inscape Publishing products themselves. The “Training and Development Market” shall mean businesses, organizations, and/or institutions in for profit, non-profit, public, and/or private sectors, directly engaged in workforce development, education, performance improvement, and/or professional development.

3. I am an individual, I reside in the United States or in Canada, and I am of the age of majority in my state or Province.

4. I have not become a Wholesale Purchaser for the purpose of obtaining wholesale prices for my employer, and all Application Fees have been paid by me and not by my employer.

5. I have received the following materials:
   a. Confidential Wholesale Price List.
   b. Manager & Field Manager Volume Credit List.
   c. Authorized Distributor Handbook.

6. I understand that I may not represent myself, verbally or in written form, as an “Inscape Publishing Employee,” “Agent,” “Company Manager,” or like terminology that could lead to confusion about my independent status as a trainer, coach, or consultant in the Training and Development Market.

7. I agree to comply with all federal, state, and local laws and regulations relating to operation as an independent business owner.

8. This Agreement is non-exclusive. I cannot state, imply, or represent myself as holding exclusive rights to any particular territories or markets for the Product. Further, I do not have the authority to grant, sell, assign, designate, or transfer any territories or markets to anyone.

9. I cannot combine or pool orders with other Wholesale Purchasers, and I may not use another Wholesale Purchaser’s account to place orders.

10. I understand that a Secondary Wholesale Purchaser may be added to this Agreement by amendment and payment of an additional one-time fee to create a Joint Wholesale Purchase account. If a husband and wife want to become Wholesale Purchasers, they must be set up as a Joint Wholesale Purchase account. If two Wholesale Purchasers marry, one must terminate his or her Wholesale Purchase account. A husband and wife are deemed to operate their Joint Wholesale Purchase account as a single entity regardless of the fact that both their names are on the Agreement. Each is held accountable for the actions of the other in regard to their activities and responsibilities as Wholesale Purchasers.
11. I understand and agree that either party may terminate this Agreement in writing at any time for any reason. If the Agreement is terminated, I will be liable for payment of all currently pending orders and will not be entitled to a refund of the Application Fee or the Renewal Fee referred to in Paragraph 18 below.

12. I acknowledge that IPI is the owner of the copyrights, trademarks, trade names, service marks, and logos associated and used in conjunction with the Product. I agree that I will only use IPI’s copyrights, trademarks, trade names, service marks, and logos and other intellectual property owned by IPI in strict compliance with the protection of these rights.

13. I understand and agree the Product is protected by copyright, and that I am not authorized to copy, modify, reproduce, translate, or tailor the Product in any written, visual, or audio form, or by any means, electronic or mechanical, without the express written agreement of Inscape Publishing, Inc.

14. All sales are final upon receipt of the order. Purchases of the Product may not be returned for credit, and no returns will be accepted unless IPI agrees that the Product is defective and provides written authorization for return of defective merchandise.

15. Inscape Publishing, Inc. may modify the contents of the Confidential Wholesale Price List or the Manager and Field Manager Volume Credit List, the level of technical support provided, shipping and sales procedures, and any other term related to the distribution of the Product (the "Modified Terms") at its sole discretion. The Modified Terms will be identified as such and published and communicated in the appropriate media and will become effective on publication. In the event of any conflict between the terms of this Agreement and the Modified Terms, the Modified Terms shall govern.

16. This Agreement is entered into in and governed by the laws of the State of Minnesota and shall be effective only upon execution by an authorized officer of Inscape Publishing, Inc. I agree that jurisdiction and venue of any dispute arising out of this Agreement or related transactions and occurrences shall be subject to the exclusive jurisdiction of the Courts of the State of Minnesota, and the laws of the State of Minnesota shall apply to any such dispute.

17. Neither the Wholesale Purchaser nor IPI shall be liable for failure or delay in performing their respective obligations hereunder if such failure or delay is occasioned by compliance with governmental regulation, request, or order or by circumstances beyond the reasonable control of the party so failing or delaying, including, without limitation, an Act of God, acts of war, insurrection, fire, flood, accident, strike or other labor disturbance, or interruption of or delay in transportation.

18. I understand that payment of an annual Renewal Fee is necessary to maintain my status as a Wholesale Purchaser of IPI's products, and that the Renewal Fee for each succeeding calendar year will be payable no later than December 31 of each year. Failure to pay the Renewal Fee by December 31 of a given year will result in cancellation and forfeiture of all my rights and benefits as a Wholesale Purchaser of IPI's products. Subject to timely payment of the Renewal Fee, this agreement will remain in effect until terminated per Paragraph 11 above or replaced by a new Agreement duly executed by both parties.

19. I understand that new Wholesale Purchasers are required to attend product and sales training within 12 months of executing this Agreement, and that failure to do so will result in termination of status as a Wholesale Purchaser effective December 31 following completion of this 12 month period.

20. I acknowledge by signing this Agreement that I have read its contents, that I understand the provisions contained in the Agreement, and that I agree to be bound by these conditions. This is the entire agreement between Inscape Publishing, Inc. and myself; it supersedes all prior agreements, proposals, negotiations, conversations or discussions, whether written, oral, or in any other form, and it may not be modified except by Paragraph 15 above.

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Credit Card Type: □ VISA □ Mastercard □ Discover □ American Express

Credit Card Number ____________________________

Expiration date ____________ / ____________

Check Enclosed
(payable to Inscape Publishing, Inc.)

check number ____________________________

amount ____________________________

PAYABLE IN U.S. FUNDS

Wholesale Purchaser’s Signature ____________________________ Date ____________

Secondary Wholesale Purchaser’s Signature (if applicable) ____________________________ Date ____________

ACCEPTED BY INSCAPE PUBLISHING, INC.: ____________________________ Date ____________

Inscape Publishing, Inc. Officer ____________________________ Date ____________
APPLICANT

PRIMARY AUTHORIZED DISTRIBUTOR NAME (Last, First, Middle)

Social Security Number (PRIMARY DISTRIBUTOR)

Daytime Telephone (include area code) — Daytime Fax Number (include area code)

Email Address

Primary Authorized Distributor’s Signature ___________________________ Date

SPONSOR

Name: C. Michael Ferraro
Distributor ID: 170414
Phone Number: 703-318-0838
Fax Number: 703-318-0921
Email: ferraro@trainingsolutions.com