



Pace Products Inc 4510 W 89th St Suite 110, Prairie Village KS 66207
 Phone (888) 389-8203 or Fax (913) 469-4067

PACE APPLICATION

**ALL INFORMATION CONTAINED IN THIS APPLICATION
 WILL BE HELD IN STRICT CONFIDENCE.**

How did you hear about Pace Products?	
<input type="checkbox"/> Friend	<input type="checkbox"/> Search Engine
<input type="checkbox"/> Previous Customer	<input type="checkbox"/> Magazine ad
<input type="checkbox"/> Business Referral	<input type="checkbox"/> Other

****Required fields.***

*Name _____ *Mailing Address _____

*City _____ *County _____ *State/Prov. _____ *Zip/Postal Code _____

*If you use P.O. Box give your street Address for U.P.S. deliveries _____

*City _____ *State/Prov. _____ *Zip/Postal Code _____

*Home Phone () _____ *Day Phone () _____ Fax () _____

*E-mail _____ *Birth Date _____

Married: Yes No Your Spouse's first name _____

Do you have children? Yes No If yes, how many? _____ Do you own your home? Yes No

Your physical condition? _____ Can you climb ladders to survey roofs? Yes No

Education: Grade School High School College

Check one: Self Employed Employed by someone else? Briefly describe duties in your current job. _____

What hours do you work? _____ What days do you work? _____

Have you ever sold anything before? Yes No What? _____

What range best describes your current yearly income?

- \$0-9,999 \$10,000-19,999 \$20,000-29,999 \$30,000-39,999 \$40,000-49,999 \$50,000 & over

Why are you willing to invest your time each week to make extra money with Pace?

- | | |
|---|---|
| <input type="checkbox"/> Money for children's education | <input type="checkbox"/> Be own boss |
| <input type="checkbox"/> Be able to spend more time with family | <input type="checkbox"/> Own a second home, resort property or R.V. |
| <input type="checkbox"/> Savings for retirement security | <input type="checkbox"/> More flexible hours |
| <input type="checkbox"/> Be able to travel more | <input type="checkbox"/> Other _____ |

Are you interested in additional income you can make handling the application of Pace materials? Yes No

SALES DISTRIBUTOR'S AGREEMENT

So We Can Know You Better . . .

Here at Pace Products, we are old-fashioned folks, who never meet a stranger. So will you give us your nickname, so we can start right off calling you by the name your friends use.

Print your nickname here, please.

I'M READY TO START AS A PACE DISTRIBUTOR

Here's my \$69.95(US FUNDS) remittance for my PACE Sales Kit. I understand I have 15 days to review the kit. If after reviewing my sales kit I decide it's not what I had in mind I can pack it up and send it back for a full refund. Or if I decide to keep my sales kit the \$69.95 will be reimbursed with my first Pace commission check.

Check or Money Order Enclosed

Charge to MasterCard Visa Discover

Name on Credit Card _____

Account# _____ Exp. Date _____ CVV code _____

Billing zip for this card _____

On _____ this agreement prepared and concluded by and between PACE PRODUCTS, INC. and Independent Distributor.

1. PACE hereby authorizes individual named above, solely and personally to act as an Independent Sales Distributor only to sell and promote the sale of materials that are handled by PACE PRODUCTS, INC.

2. Individual named above will be permitted to conduct his business operations at his own discretion, both as to days and hours devoted to the sale of PACE's products and the area in which these products are to be sold. Independent Sales Distributors are not treated as employees with respect to any service for federal, state and provincial taxes.

3. PACE will pay Independent Sales Distributor commissions based upon sales. Full commissions will be paid on orders sold at list price and approved for immediate shipment. Commissions will be based upon rates shown in the company's Commission Schedule which is in the Independent Sales Distributor's Sales Kit. Commissions are computed so that the Independent Sales Distributor earns well over \$2,000 on each SEAMLESS SPRAY order with a special arrangement in which the company absorbs the greater portion of all discounts allowed on volume sales.

4. PACE agrees to pay the individual named above on all mail and telephone orders received directly from his customers while the individual is an active, producing Independent Sales Distributor. PACE further agrees to refer to this active, producing Independent Sales Distributor, inquiries from prospects in area in which he is working.

5. It is mutually agreed that commissions paid by PACE to the Independent Sales Distributor on any refused or returned shipment shall be refunded to the company or shall be

deducted from any checks due him during the life of this agreement.

6. The individual named above is not authorized to, and will not make warranties or representations of any kind with respect to the products to be sold except those set forth and therefore authorized in the literature or price list of PACE PRODUCTS, INC. If arrangements are made by the individual named above to provide labor for the application of PACE's products, such arrangements are between that individual and his customer. PACE PRODUCTS, INC. cannot be involved or a part to any labor agreement.

7. PACE agrees to provide individual named above with an initial selling kit and educational literature to assist individual named above in the sale of PACE's products. The value of PACE's sales kit is \$69.95 and the \$69.95 fee is reimbursed with the above named individuals first commission check. And Independent Sales Distributor agrees to return it to PACE PRODUCTS, INC., if this agreement is terminated, otherwise individual agrees to pay for kit.

8. This agreement shall be effective from the date shown above but may be terminated at any time upon ten (10) days written notice by either party to the other.

Social Security Number _____
No taxes are withheld.

INDEPENDENT SALES DISTRIBUTOR
(your signature)

BY _____
PACE PRODUCTS, INC