

PCA MEMBERSHIP APPLICATION

Store Name: _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____ Website: _____

Store Sq. Footage: _____ Ft. How long in business? _____ Yrs. _____ Months

Do you have other locations? _____ How many? _____

(If yes, please list additional store information on reverse side of this Application)

Are you a party to a franchise agreement or a member of any other buying group? _____

If you answered "yes" to the above question, please explain, in detail, on a separate sheet. Please note that PCA cannot, and will not, encourage anyone to breach an existing contract. If you have any questions about either your contractual status with another entity, or how that status may affect your membership in PCA, please contact your attorney before joining PCA.

How did you hear about us? _____

Bill to Address: (if different) _____

City: _____ State: _____ Zip: _____

ANNUAL VOLUME: We understand this is sensitive information and will only be used (in total with all members) as a benchmark in negotiations with vendors. Please check one:

100 - 200 M

201 - 300 M

301 - 500 M

501 - 750 M

751 - 1 M

1 - 1.25 Million

1.25 - 1.50 Million

Over 1.50 Million

*m = \$1,000

Please list your top 10 Vendors (List solid color Vendor's first).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for your co-operation! Please sign application and return to P.C.A.

X _____
Signature Title Date

X _____
Print Name



P. O. Box 1419
2407 N. Preston Road
Ennis, Texas 75120
Phone: (800) 324-7474
Fax: (972) 875-6977

ADDITIONAL STORE LISTINGS:

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Store Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____