

# PCA MEMBERSHIP APPLICATION

Store Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: \_\_\_\_\_