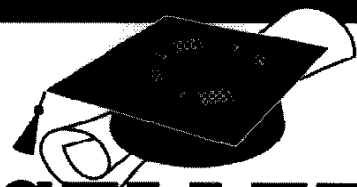




AUTHORISED ACADEMIC RESELLER APPLICATION



SECTION 1 Contact Information

Reseller Company Name _____	
Academic/Educational Contact _____	Title _____
Managing Director _____	
Address _____	

City _____	County/Region _____
Country _____	Postal/Zip Code _____
Phone Number () _____	Fax Number () _____
E-mail Address _____	Corporate Registration No. _____

SECTION 2 Location Information

Outlet type: Bookstore _____	Other (specify) _____		
If chain, is this the headquarters? Yes _____ No _____	If chain, specify # of locations _____		
This location has a training facility Yes _____ No _____			
Setup: Retail Storefront _____	Sales Office _____	Warehouse _____	
Locations High Street _____	Mall _____	On Campus _____	Specify Campus _____

SECTION 3 Other Vendor Approval Information

Is this location authorized by any other vendors to sell academic products? Yes _____ No _____
If yes, please specify which vendors _____

SECTION 4 Business History

Ownership: Institution owned _____ Other non-profit _____ Privately owned _____ Other: _____

Length of time outlet/sales office has been in business: Years _____ Months _____

Percentage of total annual sales generated by educational sales: _____ %

What percentage of educational sales are higher education (University and above): _____ %

Percentage of educational sales generated by: Outbound selling (on-site visits) _____ % Telemarketing only (no visits) _____ %
Retail (in-store/walk-in) _____ % Mail order (no visits) _____ %

Full-time educational sales representatives: _____

Number of academic institutions this location sells to: University _____ Schools _____

Other (specify) _____

ON-CAMPUS STORES ONLY

Specify University/College _____

Are you a member of your national Association of University Stores Yes _____ No _____

SECTION 5 Projected Sales & Marketing Activities

Projected Annual Sales of Corel Academic Products: Schools: _____ \$ Higher Education _____ \$

Number of times per year the following marketing activities will occur:
Direct Mail: ____ Newsletter: ____ Events/Seminars (in-house) ____ Post-sale Training: ____ Other: _____

SECTION 6 Educational References

For reference purposes, please list four educational accounts serviced by this location:

Name: _____	Name: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____

VENDOR USE ONLY:

Approved by: _____ **Approval date:** _____
(Corel Representative)

Corel Authorised Academic Reseller Account # _____ **PIN#** _____

SECTION 7 Agreement Terms & Conditions

This application is submitted by applicant to Corel for the purpose of becoming a Corel Authorised Academic Reseller. Corel Authorised Academic Resellers are authorised to purchase and resell Corel academic products from Corel distributors subject to the terms and conditions outlined below. Corel reserves the right to decline this application and, in the event the application is accepted, to revoke applicant's authorisation status at any time.

COREL AUTHORISED ACADEMIC RESELLERS	<p>End purchasers are defined as: Full- or part-time students, faculty and staff as defined by Corel's Educational Employee and Student Definition (Appendix A). Qualified educational institutions as defined by Corel's Educational Institution Definition (Appendix A).</p>
	<p>Corel Authorised Academic Resellers will be eligible to sell the following: Corel academic products may be sold to all qualified students, staff, and educational institutions as outlined in Appendix A. CLP Choice Academic licenses and Universal Academic Site licenses may be sold to all qualified educational institutions as outlined in Appendix A.</p>
ON-CAMPUS LOCATIONS ONLY	May display academic products on store shelves.
OFF-CAMPUS LOCATIONS ONLY	May <u>NOT</u> display academic products on store shelves.

All Corel Authorised Academic Resellers are subject to audit at any time with a maximum of 24 hours notification. Resellers are obliged to maintain proof of student/faculty identification for each academic purchase for a period of one year. If requested by Corel, all necessary sales records and supporting documents must be made available.

By signing this application, applicant certifies that all information provided to Corel on this application is correct to the best of his/her knowledge. Any changes in the information contained in this application must be communicated to Corel.

Applicant signature: _____

Name: _____ Title: _____

Witness by an officer of the company: _____

Name: _____ Title: _____

Date: _____

FAX COMPLETED APPLICATION TO 1-613-761-9261

VENDOR USE ONLY:	
Approved by: _____ (Corel Representative)	Approval date: _____
Corel Authorised Academic Reseller Account # _____	PIN# _____

APPENDIX A

Corel Educational Institution Definition

To be eligible to purchase academic shrink-wrapped software products or any academic license programs from Corel, an educational institution shall be defined as an accredited school whose sole purpose is to provide educational instruction.

ELIGIBLE EDUCATIONAL INSTITUTIONS MUST BE:	
	Preschool, elementary school, secondary school, vocational school, correspondence school, junior college, college, university or scientific or technical institute accredited by associations recognized by their country's ministry or department of education. These institutions may be either public or private.
EDUCATIONAL INSTITUTIONS SHALL ALSO INCLUDE THE FOLLOWING:	
Supervisory organizations of qualified schools:	State departments of education, boards of education, ministries of education, school district administrative offices.
Hospitals:	Wholly owned and operated by an eligible educational institution, as defined above or hospitals that are state or Government owned or funded that can provide proof of accreditation as a teaching hospital.
Public libraries meeting the following criteria:	Provides general library services to community, region or district without charge, may be supported by public or private funds, may impose charges to users outside its service area only.
Museums meeting the following criteria:	Owns or utilizes tangible objects for exhibit purposes to the general public on a regular basis, may be public or private non-profit agency or institution organized on a permanent basis for educational or aesthetic purposes.
Correctional Institutions:	State- or government-recognized prisons or penitentiaries of any security level.

All educational institutions must be able to show adequate proof of qualification and applicable accreditation if requested by Corel or a Corel Authorised Academic Reseller. When requested, it will be Corel's sole discretion to accept or decline the applicant.

Any issues or concerns regarding the above definition shall be resolved at Corel's discretion.

Corel Educational Employee and Student Definition

To be eligible to purchase academic shrink-wrapped software products from Corel, a student or employee of an educational institution must meet the following qualifications.

ELIGIBLE FACULTY AND STAFF MUST BE:	
	Full- or part-time employees of any qualified accredited educational institution. Valid proof of current employment must be provided.
ELIGIBLE STUDENTS MUST BE:	
	Full- or part-time students currently enrolled in a qualified accredited higher educational institution. Valid student identification must be provided.

All eligible faculty, students and staff must be able to show adequate proof of qualification if requested by Corel or a Corel Authorised Academic Reseller. When requested, it will be Corel's sole discretion to accept or decline the applicant.

Any issues or concerns regarding the above definition shall be resolved at Corel's discretion.

REQUEST FOR EXECUTABLE CONTRACT



Universal™ ACADEMIC & Freedom™ ACADEMIC

**Please return via fax to the
COREL EDUCATION DEPARTMENT
Worldwide : country code + (613) 761-9261**

Date: _____

Legal Institution Name: _____

Contract Required: Corel Licensing Program, Universal Academic Agreement (CLPUAA)

Corel Licensing Program, Freedom Academic Agreement (CLPFAA)

Institution Contact: _____

Shipping Address: _____

Phone: _____ **Fax:** _____

ACADEMIC RESELLER (optional)

Company Name: _____

Company Address: _____

Phone: _____ **Fax:** _____

