

**QUARTERDECK
AUTHORIZED ACADEMIC/EDUCATION
DEALER APPLICATION**

13160 Mindanao Way, 3rd Floor
Marina Del Rey, CA 90292-9705
Phone:(800) 528-8248 Fax: (310) 309-4209

SECTION 1.

Dealer Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Academic/Education Sales contact at this location _____

Title _____

SECTION 2.

Outlet Type: Independent Franchise (Franchisor Name) _____

Chain If chain, is this the headquarters Yes No

If yes, indicate # of stores in the chain _____

Bookstore Other (Please specify) _____

Location: Stand Alone Mall Strip Mall Office Bldg.
 Industrial 1st floor Retail
 Retail 1st floor hidden
 College/University Campus

Set Up: Retail Storefront Sales Office Warehouse

SECTION 3.

Have you previously applied to be authorized by any other vendors?

Yes (Please indicate specific vendor(s)) _____

if yes, was authorization granted? Yes No

if no, please specify reason _____



SECTION 7.

This application is submitted by application to Quarterdeck Corporation for the purpose of becoming an Authorized Academic/Education Dealer. Quarterdeck Corporation reserves the right to decline to accept this application and, in the event the application is accepted, to change or revoke applicant's authorized academic/education dealer status.

Quarterdeck Academic/Education products will be made available through selected Authorized Distribution Channels, and are subject to resale for end-user purposes only to the following categories of Academic/Education customers:

Qualifying Education Enterprise: Any K-12 or post-secondary school recognized by the US Department of Education or by agencies recognized by the US Department of Education.

Qualifying Faculty or Staff: Any full-time faculty member at post-secondary schools recognized by the US Department of Education or by agencies recognized by the US Department of Education.

Qualifying Students: Any full-time student at post-secondary schools recognized by the US Department of Education or by agencies recognized by the US Department of Education.

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

Sales of Quarterdeck Academic products to anyone other than the approved list of Academic/Educational end-users identified above will result in the revocation of Authorized Academic Dealer status.

Application Signature _____

Name (please print) _____

Title _____

Date _____

Approval Signature _____

Name (please print) _____

Title _____

Date _____ Dealer Number _____