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The Import Collection  2nd Party Catalog Request Form EULA for (check type) CD Book

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The Import Collection (TIC), 7885 Nelson Rd., Panorama City, CA 91402
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FILL OUT COMPLETELY – DETACH AT DOTTED LINE & MAIL TO THE ADDRESS BELOW – DO NOT FAX YOUR REQUEST – RETAIN TOP PORTION FOR YOUR RECORDS

By signing my name below, I authorize The Import Collection (TIC) to process my request for a TIC Catalog. I fully understand that I may not release, copy or distribute any of the material that is contained in the TIC Catalog without prior consent of TIC owners. I have also read and fully understand the End User License information above, and by signing this form, agree to be bound by the terms and conditions for use of the TIC Catalog referenced herein, including standard copyright laws & ordinances typically in practice in the U.S. & abroad. I understand that any illegal use &/or distribution of any material contained on the TIC Catalog will be fully prosecuted according to US & International Intellectual Property & Copyright laws.

This original portion must be SIGNED & MAILED; faxed/emailed requests will not be processed.

Requestor's Signature _____ Print Requestor's Name _____

Company Name _____

Full Address _____

Phone # _____ Fax# _____ Email (optional) _____

If this catalog is being requested for your client or customer, the information below MUST be completed.

Recipient Company _____ Recipient Contact Person _____

Recipient Complete Address _____

Date Account Opened _____ High Balance \$ _____ Sales YTD _____ Credit Limit _____

Phone # _____ Fax# _____ Email (optional) _____

Catalog Dept. Use Only	
Approved By _____	On _____

SCOTT SHELLEY

6306 OXWYNN LANE, CHARLOTTE, NC 28270
 Tel: 704-366-0347 Fax: 704-362-4809
 email: dshelley@aol.com - Rep # 58

P.O.# _____ Terms: _____ Page # ____ of ____
 Order Date: _____ Ship Date: _____ Loc: _____

TIC ✦ The Import Collection
 7885 Nelson Rd, Panorama City, CA 91407 ✦ www.importcollection.com
 Tel: 818-782-3060 ✦ Fax 818-904-0584

Sold to:				Ship to:			
Street:				Street:			
City:		State:		City:		State:	
Tel:		Fax:		City:		Zip:	

SHIP VIA: BEST & CHEAPEST () SPECIFY:	NEW ACCOUNT Yes () No ()
--	----------------------------

Quantity	Item #	Description	Unit Price	Extension

BUYERS SIGNATURE _____ Buyer Name (Please Print) _____

No Returns Accepted Without Prior Authorization From TIC - All Orders/Backorders Will Be Shipped Unless Cancelled By Customer. Backorders Under \$50 Will Automatically Be Cancelled

Card#	Expires:	Credit Card Billing Address:

Order Taker: _____ Date: _____ Ship To same as Bill To ?

BILL TO #

Name:

Street:

City:

State:

Zip: Country:

SHIP TO #

Name:

Street:

City:

State:

Zip: Country:

NEW ACTIVE SHIP & B/O

Buyer: _____ Source Phone: _____ Customer P.O.: _____

Req. Ship Date: _____ Cancel Date: _____ Terms: _____ Ship Via: _____

Salesman: _____ Commission: _____ Disc. _____

Credit Card# _____

Notes:

Quantity	Item#	Description	Unit Price	Extension

TOTAL: .

✦ TIC ✦

THE IMPORT COLLECTION

SALES REPRESENTATIVE GUIDELINES

Ordering Details

- ◆ The opening order minimum is \$500.00 and the re-order minimum is \$300.00.
- ◆ Orders less than the minimum are subject to a \$25.00 Service Charge.
- ◆ Items back ordered will be shipped when available unless written cancellation is received.
Back orders under \$50. will not be shipped. Please reorder on your next order
- ◆ All orders must be made according to minimum packs and multiples.
- ◆ Prices are subject to change.

Terms

- ◆ Prepaid. Check or Money Order
- ◆ MasterCard or Visa: Must provide Cardholder Name, Credit Card #, Expiration Date, Street Address and Zip Code that Credit Card Company has on file for card being used.
- ◆ Net 30 accounts require complete bank account information and (3) trade references.

Delivery Options

- ◆ Standard delivery is within 3-6 weeks, depending on product availability.
- ◆ F.O.B. Van Nuys, CA.
- ◆ All orders are shipped by the most cost-efficient method (UPS, RPS or commercial truck) unless otherwise requested by the customer.

RETURN POLICY

- ◆ Photographs are only representative of approximate dimensions and general appearance characteristics.
- ◆ Breakage, shortages &/or defective claims of any nature must be reported in writing within ten days (10) days of receipt of shipment. Claims by phone are no longer acceptable. We will no longer accept returns that are due to variations in finish &/or color.
- ◆ Representatives are responsible to inform customers that, due to the inherent hand-crafted nature of the product, some flaws, discolorations, variations in finish, markings and indentations are to be expected, & CANNOT BE BASIS FOR RETURNS.
- ◆ Unauthorized returns due to the above, and/or excessive unwarranted returns, will negatively affect customer's credit standing.
- ◆ The Import Collection will not under honor any returns 10 days after receipt of goods.
- ◆ Returns will not be accepted under any condition unless written return authorization is granted.

Samples

- ◆ Orders for samples must be faxed or mailed.

Terms & Discounts

- ◆ Special terms and discounts are available for high volume customers. Any special pricing or terms must be authorized in advance and will affect commission rates.

Customer Service

- ◆ Due to the high volume of daily phone calls, we request that you fax or mail all customer inquiries and orders. Our hours are 8:30 a.m. to 5:00 p.m. Pacific Time.

ORDERING GUIDELINES

How to read the pricing information:

Item #	Descriptor			
B	C			
Status	U/M	I/M	Price 1	Price 2
A	D	E	F	G

A Item #: This is TIC's product number for ordering and pricing.

B Description: This product description may include dimensions, material, assortment, set or pair designations. Measurements are approximate and only provided for proportional reference. If there is only one measurement listed, it will be H (height) or D (diameter). If full measurements are shown, the typical formula is L/D/H (length, depth, height). Sets, pairs and assortments may have individual piece dimensions, dimensions of the largest in a group, or dimensions of smallest thru largest (i.e. 4" thru 12" h). Materials listed designate raw material with finish color, effect or style.

C U/M: Unit of Measure

ea = each, priced per piece pr = pair, priced per pair
set = priced as a set ast = assortment, priced per piece

D I/M: Inner/Master. The Innner numeral is the piece quantity per inner pack.
The Master numeral is the piece quantity per case.

E Price 1: Cost per U/M at first minimum quantity shown.

F Price 2: Discounted cost per U/M at second minimum quantity.

Example #1

- ♦ **Sets:** Sets are sold at the listed price for I/m/s. In example #1, the minimum order would be 2 sets of 3 at \$12.00 each.

Item #	Descriptor			
60-000	Vase S/3 - 10/11/12" h			
Status	U/M	I/M	Price 1	Price 2
A	set	2/12	12.00/2	10.00/4

Example #2

- ♦ **Ast/6:** Assortment of 6. Individual assortment pieces are sold as individual items. In example #2, the minimum order would be an assortment of 6 pieces at \$7.00 each, with a total cost of \$42.00.

Item #	Descriptor			
27-000	Vase Ast/6 - 8 thru 10" h			
Status	U/M	I/M	Price 1	Price 2
N	ea	6/36	7.00/6	6.50/12

Item #	Descriptor			
32-000	CH - 23" h			
Status	U/M	I/M	Price 1	Price 2
A	ea	3/12	25.00/3	23.00/12

Example 3 - Item 1

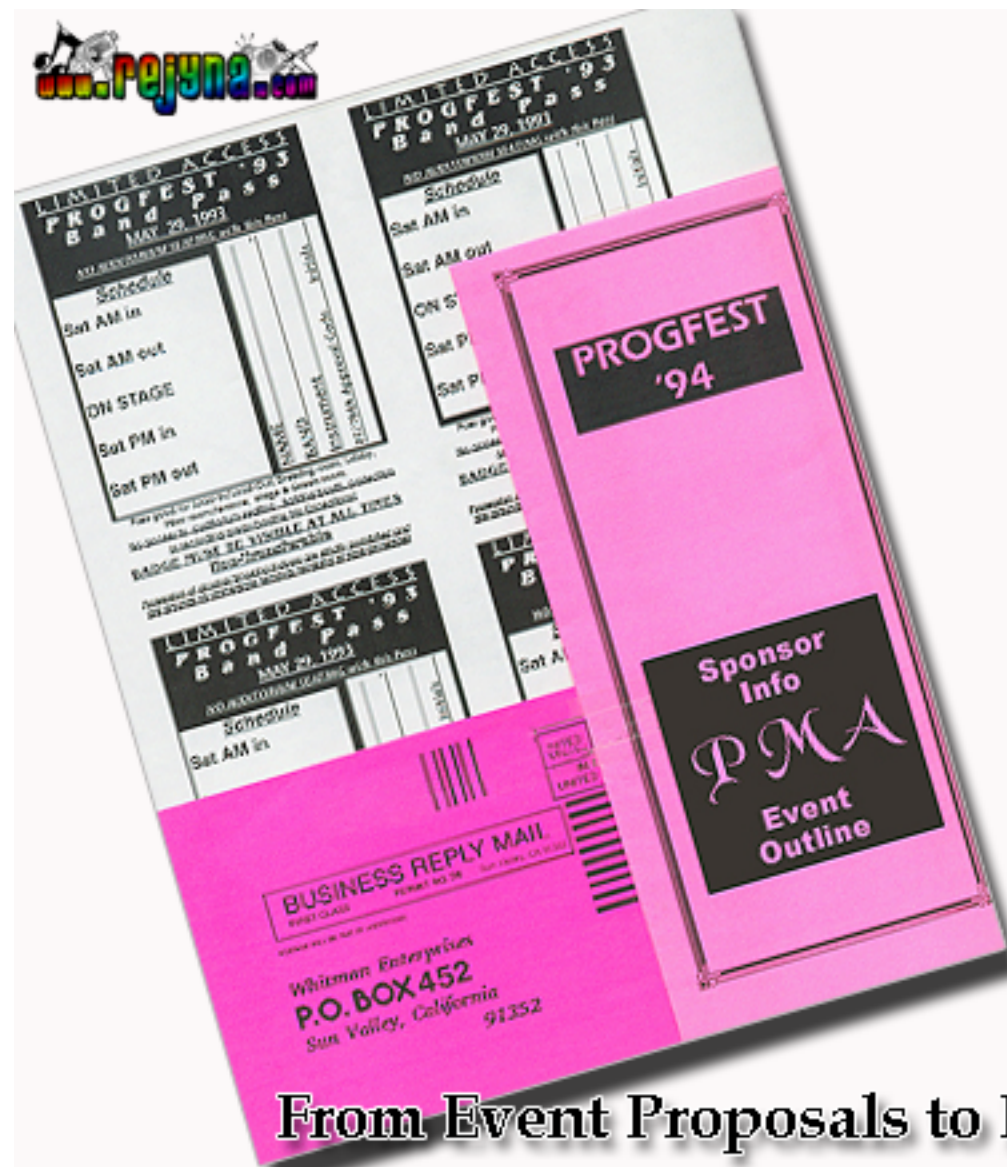
Item #	Descriptor			
32-001	CH pair - 12/13" h			
Status	U/M	I/M	Price 1	Price 2
A	pr	2/8	24.00/2	22.00/8

Example 3 - Item 2

Item #	Descriptor			
32-002	CH Ast/3 - 11/12/13" h			
Status	U/M	I/M	Price 1	Price 2
A	set	1/4	30.00/1	28.00/4

Example 3 - Item 3

- ♦ **C.H.:** Candleholders are sold individually, in assorted sets, and in pairs.
In example #3: Item #1 - Sold per piece, minimum 3 for a total of \$75.00
 Item #2 - Sold per pair, minimum 2 pair for a total of \$48.00
 Item #3 - Sold per set, minimum 1 set for \$30.00



From Event Proposals to Publication Proposals



CHERBO PUBLISHING GROUP, INC.

PUBLICATION PROPOSAL

FOR

KANSAS: 100 YEARS IN THE LAND OF VAST HORIZONS

The following is a proposal for Cherbo Publishing Group to publish a "New Millennium" book for the State of Kansas to be sponsored by the Kansas Chamber of Commerce and Industry.

SPECIFICATIONS

Size: 9" x 12"

Stock: 70-pound coated text

Cover: Hardbound linen cover with hot foil stamping

Back Jacket: 4-color jacket on 100-pound gloss stock with film lamination

Color: A combination of black-and-white and 4-color photos

Quantity: To be determined prior to publication

Publication Date: Spring 1999

UNDERWRITING

Profiles of companies and institutions who want to be a part of this publication to promote their images, products and services, would be the primary source of underwriting.

SPONSOR'S RESPONSIBILITIES

1. To consult with CPG to establish a marketing and editorial schedule.
2. To meet with the CPG author for suggestions as to the editorial content of the book to be certain that the state and the Chamber are accurately portrayed.
3. When completed, to review the manuscript to be certain that facts, graphs and statistics are current, and for accuracy and omissions.

5535 BALBOA BOULEVARD • SUITE 108 • SACRAMENTO, CALIFORNIA 95834
TELEPHONE 916-783-8848 • FACSIMILE 916-783-0644 • E-MAIL: CHERBOPUB@aol.com

Minnesota: Land of Lakes and Innovation 
SPACE RESERVATION AGREEMENT

Date: _____ Book Number: _____

Name of Organization/Company: _____

Contact: _____ Telephone: _____ Fax: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

- The organization/company listed above agrees to purchase _____ page(s) within the profile section of the publication, *Minnesota: Land of Lakes and Innovation*.
- The organization/company's participation will be \$_____ for the first page and \$_____ for each additional page up to and including four pages and \$_____ for a six page profile. All profiles are payable within thirty (30) days of the date of this agreement, unless otherwise stipulated.
- Publisher will provide _____ copies of the publication with personalized parchment presentation pages as to do _____
- The organization/company agrees to purchase _____ additional copies of the book which will include purchase presentation pages. The prepublication price per book will be \$_____ plus shipping and handling and applicable sales or use tax, payable within thirty (30) days of this agreement unless otherwise stipulated.
- The organization/company agrees to furnish all profile information and photography necessary to complete the organization/company's profile. Participant agrees to adhere to all time deadlines for submitting these materials. Publisher will write, design and send proofs for approval. Publisher and sponsor retain the right to reject any material that is not consistent with editorial and design standards.

____ Organization/Company Profile Pages \$ _____
 ____ Prepublication copies @ \$ _____ \$ _____
 ____ Reprints \$ _____
 Applicable Sales or Use Tax \$ _____
 Total Amount \$ _____

COMMENTS

Send invoice to _____

Organization/Company: _____

Signature: _____

Name: _____

For Cherkis Publishing Group, Inc. (Publisher's Representative)

Signature: _____

Name: _____

Accepted: _____ Title: _____

MINNESOTA: LAND OF LAKES AND INNOVATIONS
 4601 Excelsior Blvd., Suite 303, Minneapolis, MN 55416-2744 Fax: 612-925-0198
 A Publication of Cherkis Publishing Group, Inc., 5515 Balboa Boulevard, Suite 104, Irvine, CA 92718 800-854-9980 Fax: 916-752-0644

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51 _____
 BOOK & CONTRACT #

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 CHAPTER

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 **CHERKIS PUBLISHING GROUP** • 5515 BALBOA BOULEVARD, SUITE 104, IRVINE, CA 92718 800-854-9980

Space Reservation Agreement

Employee#	Employee Name	Department	Shift	Date of Absence
-----------	---------------	------------	-------	-----------------

Type of occurrence: Tardiness Absence Vacation Layoff Other _____

Time Due At Work: _____ Actual Arrival Time: _____
Is this a continuation of a previously reported absence? Yes No

Reason for Occurrence

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 - Lack of Work | <input type="checkbox"/> 8 - Leave of Absence | <input type="checkbox"/> 15 - Weather |
| <input type="checkbox"/> 2 - Sick (Employee) | <input type="checkbox"/> 9 - Transportation | <input type="checkbox"/> 16 - Medical Appointment |
| <input type="checkbox"/> 3 - Family Sickness | <input type="checkbox"/> 10 - Unknown | <input type="checkbox"/> 17 - Recognition |
| <input type="checkbox"/> 4 - Accident - Self or Family - Out of Plant | <input type="checkbox"/> 11 - Death in the Family | <input type="checkbox"/> 18 - Floating Holiday |
| <input type="checkbox"/> 5 - Injury on Job | <input type="checkbox"/> 12 - Jury Duty/Court | <input type="checkbox"/> 19 - Comp. Time |
| <input type="checkbox"/> 6 - Personal | <input type="checkbox"/> 13 - Birthday | <input type="checkbox"/> 20 - Family Leave |
| <input type="checkbox"/> 7 - Discipline | <input type="checkbox"/> 14 - Military | <input type="checkbox"/> 21 - Other (Explain Below) |

Will return to work

Recommended Action: Make-up Time Deduct Pay None Discipline Other

Notice Received: By phone Written In person None Voice Mail E-mail

Notice Received by: Name _____ **Title:** _____

From: Employer Other: _____

Additional Remarks:



THE IMPORT COLLECTION
Decorative Accessories & Giftware

JERRY TAUFA
CUSTOMER SERVICE SUPERVISOR

7885 Nelson Road, Panorama City, CA 91402
Tel: 818-782-3060 ext. 143 ✦ Fax: 818-779-4958
www.importcollection.com ✦ jtaufa@importcollection.com



THE IMPORT COLLECTION
Decorative Accessories & Giftware

DEENA C. REES
CHIEF FINANCIAL OFFICER

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THE IMPORT COLLECTION
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SELECTIVES



PEGGY L. CHILDS
DIRECTOR OF OPERATIONS

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Tel: 818.779.4959 ✦ Fax: 818.779.4752



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ADRIAN RODRIGUEZ
DIRECTOR OF TRAFFIC

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Tel: 818-782-3060 ext. 142 ✦ Fax: 818-779-4745
www.importcollection.com ✦ arodriguez@importcollection.com



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BUYER

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SELECTIVES



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The Import Collection, Inc.

14620 Keswick Street ✦ Van Nuys, CA 91405 ✦ Tel: 818-782-3060 Fax: 818-782-1197

CREDIT APPLICATION

TODAY'S DATE		Estimated Credit Requested \$	
Business Legal Name:			
DBA:	Phone:	Fax:	
Street Address:			
City:	State:	Zip:	
TYPE OF BUSINESS:			
Type of Organization (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual or Sole Proprietor			
Name & Home Address of Corporate Officers or Proprietors/Owners:			
<u>NAME</u>	<u>TITLE</u>	<u>% OWNERSHIP</u>	<u>SINCE</u>
1.	Home Address:		
2.	Home Address:		
Number of Years In Business:	State of Incorporation:	Date Incorporated:	Resale #
Business Federal ID # or SS # of Principal Owner:			
Do You Use Purchase Orders?	Name of Authorized Persons:		
Annual Sales Amount \$			
TRADE REFERENCES (Current and Active Accounts Only)			
1. Name:	Tel:	Fax:	
Street Address:		Contact:	
City:	State:	Zip:	
2. Name:	Tel:	Fax:	
Street Address:		Contact:	
City:	State:	Zip:	
3. Name:	Tel:	Fax:	
Street Address:		Contact:	
City:	State:	Zip:	
<i>DEPENDING ON CREDIT CHECK, FINANCIAL STATEMENTS MAY BE REQUIRED.</i>			
For all credit lines over \$5,000, attach latest business financial statements. For credit lines over \$8,000, please also attach personal financial statements of principal owner.			
PRINCIPAL BANK REFERENCES			
1. Bank:	Account #:	Tel:	
Address:		Contact:	Fax:
2. Bank:	Account #:	Tel:	
Address:		Contact:	Fax:
The above information is submitted for the purpose of obtaining credit from The Import Collection, Inc. (TIC) and is warranted to be true. Applicant's signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.			
TERMS OF PAYMENT: All invoices are due and payable Net 30 Days. A monthly late charge of 1.5% will be assessed on any outstanding balance remaining unpaid 30 days after invoice date.			
AUTHORIZATION: I/we authorize The Import Collection to request all necessary financial information from the banking and trade references listed above. I/we authorize the banking and trade references to accept copies of this application if requested as authorization to release financial and credit information on the account(s) named. I/we understand The Import Collection's credit terms, and agree to and guarantee the proper payment in consideration of extended credit.			
PLEASE NOTE: Application Must Be Signed By Corporate Officer, Partner, or Owner/Sole Proprietor.			
AUTHORIZED SIGNATURE:		TITLE:	
PLEASE PRINT NAME:		DATE SIGNED:	

INCOMPLETE INFORMATION MAY DELAY PROCESSING OF APPLICATION



THE IMPORT COLLECTION
Decorative Accessories ✦ Giftware

CUSTOMER CLAIM FORM

Company: _____ Phone #: _____

Contact: _____ Account#: _____

Invoice#: _____ Order #: _____

RPS/TAGS QTY.

ITEM	QTY.	DESCRIPTION

- ✦ NO CREDIT WILL BE ISSUED ON UNAUTHORIZED PRODUCT.
- ✦ Claims must be reported in writing within 10 days of receipt of product – NO EXCEPTIONS.
- ✦ Please keep all original cartons until further notice.
- ✦ Please be specific on what is wrong with each item.
- ✦ If set or pair, please be sure to include in description column, and reference specific piece.

THE IMPORT COLLECTION
RETURN AUTHORIZATION / CREDIT FORM

IMPORTANT NOTE: 1) Claims must be reported in writing within 10 (ten) days of receipt of product – NO EXCEPTIONS. 2) Count all cartons received, please keep all damaged product in original cartons until notified. 3) Please be specific on what is wrong with each item - if a set, specify size; if a pair, 1pc or pair; and reference in the problem column. 4) No credit will be issued on return of unauthorized merchandise. 5) Be advised that Fed-X ground will pick up merchandise within 24-48 hours, and repack items very well. They attempt three times, after the third attempt, the call tag is cancelled and you must arrange to return merchandise on your own within one week.

ORDER TYPE: (R) (C)

ACCOUNT : _____ / _____

DATE: _____

SHIP TO NAME: _____

RA# _____

CONTACT: _____

PHONE: _____

SOURCE: _____ SHIP DATE: _____ TERMS: _____ SHIP VIA: _____

REP: _____ DISC: _____ % INVOICE: _____

DAMAGE CALL TAG

TRACK ID: _____

CONF #: _____

QTY	ITEM	CODE	PROBLEM	PRICE	EXT	COM	P/U	C/R

SUB TOTAL: _____ FRT: _____ GRAND TOTAL: _____

NUMBER OF CALL TAGS: _____

SPECIAL INSTRUCTIONS:

AUTHORIZED BY:

Erica Garcia Joanne Mandeville Dwight Hawkins Dinora Ruiz Peggy Lemus Judy Taufa

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY # _____

POSITION APPLYING FOR: _____ SHIFT _____

Do you have any physical condition which may limit your ability to perform the job applied for? No Yes

if yes, please explain: _____

EDUCATION

HIGH SCHOOL: _____ Graduate? No Yes

College: _____ Graduate? No Yes

Other: _____

Courses/Training: _____

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYER FIRST

<i>Company Name/Address</i>	<i>Position/ Title</i>	<i>Ending Pay Rate</i>	<i>Employed Dates To / From</i>	<i>Reason for Leaving</i>

MAY WE CALL YOUR PRESENT EMPLOYER? No Yes

REFERENCES

PLEASE GIVE NAMES OF 3 PERSONS WHO YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR:

NAME	ADDRESS	BUSINESS	YEARS KNOWN

SERVICE RECORD

Branch of Service:	Discharge Date & Rank:

Have you been convicted of a felony within the last five (5) years? No Yes

If yes, please explain (will not necessarily exclude you from consideration)

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU AN AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THERE IS NO AGREEMENT, EXPRESS OR IMPLIED, BETWEEN EMPLOYEE AND THE IMPORT COLLECTION (TIC), FORT ANY SPECIFIC PERIOD OF EMPLOYMENT, NOR FOR CONTINUING OR LONG-TERM EMPLOYMENT. EMPLOYEE AND THE IMPORT COLLECTION EACH HAVE THE RIGHT TO TERMINATE EMPLOYMENT WITH OR WITHOUT CAUSE.

 SIGNATURE: _____ DATE SIGNED: _____

APPLICATION
FOR
EMPLOYMENT



PERSONAL INFORMATION	Name (last, first, middle initial)		Home Telephone Number		Office Telephone Number	
	Present Address	Street	City	State	Zip	
	Permanent Address	Street	City	State	Zip	
	Social Security Number			Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Is your citizenship or immigration status such that you can lawfully work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Consideration for employment will be dependent upon proof of citizenship or presentation of alien registration number in accordance with the "Immigration Reform and Control Act of 1986"					
Have you ever		<input type="checkbox"/> Been employed by Cherbo		If so, please specify location and date		
		<input type="checkbox"/> Previously applied to Cherbo				

EDUCATION	SCHOOL NAME and LOCATION	GRADUATE?	DEGREE, DIPLOMA or CERTIFICATE		GPA
			TYPE	MAJOR / MINOR	(e.g. 3.24)
	High School (Last Attended)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Vocational, Technical School, Community College	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	College or University	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Advanced Degree	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please list academic honors, scholarships, fellowships, memberships in professional and honorary societies and any other consequential activities					

COMMISSION
& BENEFITS
PAY SCHEDULE



1. COMMISSION BASE 14%

Paid on gross sales on cash collected less processing fees.

2. PROCESSING FEES:

This is an expense allowance paid on each contract written and this is deducted from total amount of contract before commission is paid.

Hard cover books:	\$100.00 per contract
Soft cover books:	\$100.00 for a full page contract or larger
	\$ 75.00 for two columns (two thirds of a page)
	\$ 50.00 per contract for one column (one third of a page)
	No processing fees on layouts

3. INSURANCE ALLOWANCES:

Two percent of gross sales, less processing fees, after representative has been with Cherbo Publishing Group for sixty days.

4. QUOTAS

A quota will be established for each book. This quota will be established by estimating costs for production, printing, overhead and commissions according to pressessed size of publication and number of copies to be printed.

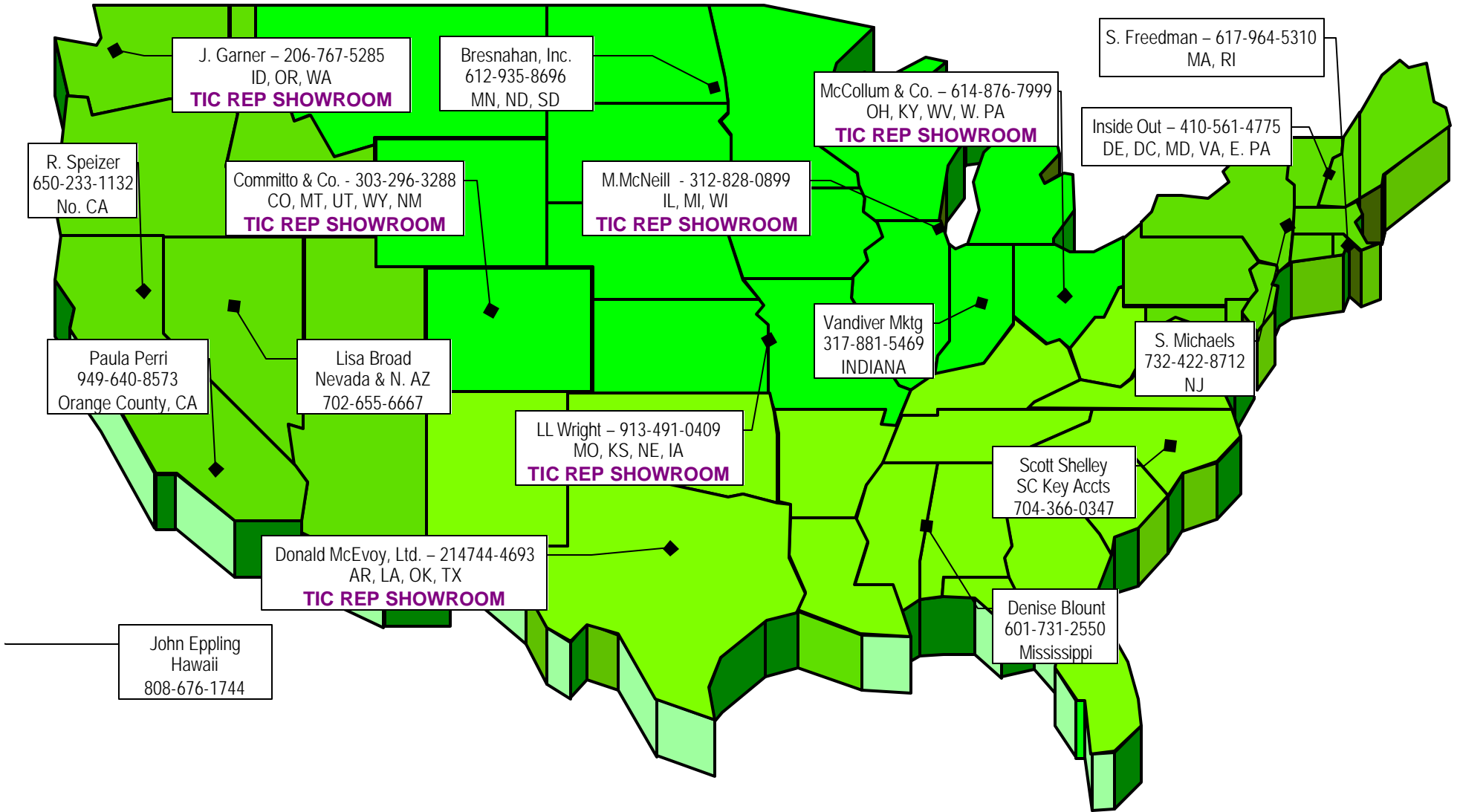
Once the book reaches quota, a bonus will be paid for all contracts written over quota, but each representative working on the publication will be required to reach his/her individual quota.

Example:

Book quota is \$250,000 and two representatives are working on the project. Each representative is required to write \$125,000 of business. Once the book reaches quota and each representative has reached their individual quotas, they are paid an additional (5%) five percent on all sales over quota. If one representative were to sell \$150,000 and the other \$100,000, the representative reaching \$150,000 would be paid a bonus on all sales over his/her \$125,000 individual quota. The other representative must still sell \$25,000 before he/she would be paid a bonus for over quota sales. Bonuses are paid on cash collected.

All processing fees will be paid on receipt of a hard copy contract at CPG Corporate Headquarters.

TIC Sales Rep & Showroom U.S. Map



Thank you for your interest in TIC's products! We have received your request for more information and have enclosed additional information that may be of special interest to you. The Import Collection is your one-stop source for a full line of gifts and decorative accessories. Affordable elegance is more than our slogan, it is our philosophy!

Our ever-expanding line includes:

- ✦ Votive, Pillar & Taper Candle Holders, Hurricanes, Sconces, Candelabras, Lamps & Lanterns
- ✦ Floor, Table & Wall Baskets, Plate Racks, Planters & Tables, Wine & Magazine Racks
- ✦ Figurines, Rabbits, Elephants, Monkeys, Frogs, Horses, Cats, Dogs, Roosters, Angels, etc.
- ✦ Vanity Boxes, Jewelry Chests, Letter Sorters, Desk Sets & Accessories
- ✦ Jars, Pitchers, Teapots, Bowls, Charger Plates, Platters & Trays
- ✦ Compotes, Jardinières, Vases, Urns, Centerpieces & Leaf Trays
- ✦ Picture Frames, Bookends, Clocks, Magnifying Glasses
- ✦ Finials, Obelisks, Busts, Statues, Topiarys
- ✦ Attaches, Chests, Trunks & Nesting Boxes

In a wide assortment of colors, styles, sizes and materials, including:

- | | |
|----------------|---------------|
| Antique Silver | White Crackle |
| Silver | Terra Cotta |
| Bronze | Black Clay |
| Brass | Polyresin |
| Iron | Painted Wood |
| Pewter | Dark Wood |
| Chrome | Decoupage |
| Aluminum | Tole |
| Patina | Rattan |
| Ceramics | Bamboo |
| Porcelain | Snakeskin |
| Majolica | Glass |
| Provence | Wire |
| Blue & White | Candles |



A blank order form is available on our website: www.importcollection.com along with a directory of Shows, Showrooms & TIC representatives, and more. Thank you again for your interest in the affordable elegance of TIC gifts and decorative accessories.





FAX COVER PAGE

TO: _____

DATE: _____

COMPANY: _____

FROM: Ted Harrison

PHONE: _____

FAX: 818-779-4752

FAX: _____

Page **of** (incl. Cover Page)

RE: _____

