

MODEL RECTIFIER CORPORATION

80 NEWFIELD AVENUE
EDISON, NEW JERSEY 08837-3817 USA

FAX: 732-225-0091
TEL: 732-225-2100

Dear Hobby Retailer:

First and foremost, I'd like to thank you for choosing MRC. You will undoubtedly find that MRC can meet many of you and your customers' hobby needs.

Our exclusive product lines include **HIROBO Helicopters, NINCO slot cars, ENYA model engines, OK Model Airplanes, MRC/Academy R/C vehicles, MRC Super Brain Chargers, and Reflex Flight Simulators.**

Model Rectifier Corp has expanded significantly over the past few years in order to service hobby shops more efficiently with more quality hobby product lines.

We are proud of our **Dealer-Direct** policies:

- Our Dealer-Direct pricing gives your business an advantage because every dealer has available the same price and terms. You can gain real profit with MRC pricing! We are your suppliers, **not your competitor.**
- **We back you with a powerful advertising campaign with non-stop advertising in leading publications. MRC creates the demand for the merchandise that brings the customers to your store.**
- Parts and dependable service are always available. Product literature and exploded views of our products are readily available upon request.
- Newsletters featuring special offers, technical advice and new product introductions are mailed to you directly.

For your convenience, we have an 800 number only for ordering: **1-800-333-3692**. We also have a telephone number for billing information or technical advice: **732-225-6144**. This telephone number is the only one to be given to your customers.

If you have any questions please feel free to contact me. We are open from **8:30 AM to 6:00 PM Eastern Time.**

We look forward to doing business with you.

Sincerely,

Your MRC Marketing Representative

PLEASE BE ADVISED THAT MRC TRAIN PRODUCTS, ACADEMY PLASTICS AND KANGNAM PLASTICS ARE AVAILABLE THROUGH OUR BASE OF WHOLESALERS.

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HOBBY RETAILERS APPLICATION FORM

Hobby Shop Name: _____

Business Phone: _____ Fax #: _____

Retail Tax #: _____ Years In Business _____

Address: _____

City: _____ State: _____ Zip: _____

Business Location Downtown: Mall: Home or Adjoining Building:

Other (explain) _____

E-Mail Address: _____

Type of Business: Single Proprietorship: Partnership: Corporation:

Business Hours: _____

Annual Retail Sales Volume: _____ Number of Stores: ___ Original Owner: Y/ N

OWNERS

#1 Name: _____

Home Phone: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Social Security #: _____

#2 Name: _____

Home Phone: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Social Security #: _____

PLEASE CHECK ALL THAT APPLY:

STORE FEATURES

- Slot track
- Train layout
- Race Track
- In-Store Videos

ADVERTISING

- Radio
- Newspaper
- Newsletter
- Promo
- Website

CATEGORY BREAKDOWN

- R/C Cars: _____%
- Simulators: _____%
- Slot Cars: _____%
- R/C Planes: _____%
- R/C Boats: _____%
- R/C Heli: _____%
- Railroad: _____%
- Plastics: _____%
- Diecast: _____%

Total: 100%

PROMOTIONS

- Demonstration
- Classes
- Sponsored Events

At least three (3) credit references must be supplied along with their complete address and method of payment. If you do not have three credit references, please state this on the application:

PRESENTLY BUYING FROM THE FOLLOWING HOBBY SUPPLIERS:

1. Name: _____
Payment Method: C.O.D.: ___ Open: ___ C/C: ___ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: # _____

2. Name: _____
Payment Method: C.O.D.: ___ Open: ___ C/C: ___ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____

3. Name: _____
Payment Method: C.O.D.: ___ Open: ___ C/C: ___ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____

4. Name: _____
Payment Method C.O.D.: ___ Open: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____

5. Name: _____
Payment Method C.O.D.: _____ Open: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____

6. Name: _____
Payment Method C.O.D.: _____ Open: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____

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REQUEST FOR BANK CREDIT INFORMATION

TO: _____
(Name of Financial Institution)

Address: _____ City: _____ State: _____ Zip Code _____

Phone # _____ Fax #: _____

Please Provide Model Rectifier Corporation with the following information regarding:

Checking Account #: _____

This information is requested to use in the extension of credit for business purposes only. It will be held in the strictest of confidence.

I authorize the release of the information below to Model Rectifier Corporation:

Signature: _____
(Principal Officer or Owner)

(Business Name/ Corporation Name)

(Business Address and Phone Number)

TO BE COMPLETED BY BANK:

Date Account was opened: _____ Average Balance: _____

NSF? Yes / No (circle one) If yes, how many times in past 6 months? _____

Business / Personal Account (circle one)

Account Name: _____

Signers on Account: 1) _____ 2) _____

Comments: _____

(Signature)

(Title)

(Date)

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I hereby acknowledge that the above information is accurate and that any merchandise purchased from Model Rectifier Corporation will be for resale use only.

I understand that placing and order with Model Rectifier Corporation constitutes doing business in the state of New Jersey and is therefore subject to the laws of the State of New Jersey.

Should credit be granted by Model Rectifier Corporation, all decisions with respect to the extension or continuation shall be at the sole discretion of Model Rectifier Corporation. I understand that I may terminate my credit availability at my discretion at any time.

I agree to pay the net total before cash discount of any invoice that is not paid within terms. I acknowledge that if payment is not made within 30 days of invoice date that a finance charge may be added to my account. Any finance charge added will be determined by applying a 1.5% per month rate on the average monthly balance (18.0% Annual Percentage Rate) to the account.

I understand that it is my responsibility to give notification to Model Rectifier Corporation prior to any change in ownership or an intended date to cease operation.

In the event that the account becomes delinquent and is turned over to any collection agency or attorney for collection, I agree to pay collection fees and/or attorney fees not exceeding 30% of the past due balance plus court costs, serving costs and/or any miscellaneous expenses incurred as a result of my failure to pay.

I authorize Model Rectifier Corporation to make any credit inquires that it finds necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance to this application. I authorize any credit reporting agency to compile and furnish any information that it my have to obtain a response to such credit inquiries and agree that such information along with this application shall remain the property of Model Rectifier Corporation whether or not credit is extended.

I hereby personally guarantee any indebtedness to Model Rectifier Corporation incurred by

(Business Name)

(Individual Guarantor/ Owner)

(Position)

(Date)

(Individual Guarantor/ Owner)

(Position)

(Date)

Forms must be filled out completely, signed and dated.

A storefront photo and photocopy of your retail sales certificate must be sent with these forms. All businesses applying to become a dealer must have publicly listed phone numbers.

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US MAIL/ PARCEL POST CLAIMS RELEASE

DATE: _____

I understand and acknowledge that US Mail/ Parcel Post claims may take over a year to resolve and hereby release Model Rectifier Corporation from liability as this is not a guaranteed shipment method.

In the event I request a shipment via US Mail/ Parcel Post I will take full responsibility for payment to Model Rectifier Corporation even if the shipment is misdirected, lost or damaged in transit. I understand that my account will be adjusted as soon as the claim has been settled.

(Signature)

(Store Name)

(Store Address)

(City, State & Zip)