



6200 Stoneridge Mall Rd, Suite 300
 Pleasanton, CA 94588

 PH: 510-594-2481
 FAX: 510-594-2351
 icetimeinc@hotmail.com

CUSTOMER ACCOUNT FORM

SALES REPRESENTATIVE

DATE

COMPANY INFORMATION

| | | | | | | |
|----------------------|---|---|--|------------------------------------|------|--|
| NAME OF ORGANIZATION | | | | DBA | | |
| TYPE OF OWNERSHIP | <input type="checkbox"/> SOLE OWNER | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION | YEARS OF OPERATION | | |
| TYPE OF LOCATIONS | <input type="checkbox"/> MALL KIOSK/BOOTH | <input type="checkbox"/> IN-LINE MALL STORE | <input type="checkbox"/> STAND ALONE BLDG. | <input type="checkbox"/> WHOLESALE | | |
| NUMBER OF LOCATIONS | ___ MALL KIOSK/BOOTH | ___ IN-LINE MALL STORES | ___ STAND ALONE BLDGS. | | | |
| WHAT DO YOU SELL? | <input type="checkbox"/> WATCHES ONLY | <input type="checkbox"/> WATCHES & JEWELRY | <input type="checkbox"/> WATCHES & OTHER | | | |
| OWNER'S INFORMATION | FIRST NAME: | | LAST NAME: | | | |
| | SSN: | DL No.: | D.O.B.: | | | |
| | STREET: | | | | | |
| | CITY: | | STATE/COUNTRY: | | ZIP: | |
| ADDITIONAL OWNERS | (1) FIRST NAME: | | LAST NAME: | | | |
| | (2) FIRST NAME: | | LAST NAME: | | | |

CONTACT INFORMATION

| | | | | | | |
|------------------|--------------|--------------|----------------|--|------|--|
| BUSINESS CONTACT | FIRST NAME: | | LAST NAME: | | | |
| | WORK Ph: () | CELL Ph: () | FAX: () | | | |
| | EMAIL: | | BUS. WEBPAGE: | | | |
| MAILING ADDRESS | STREET: | | | | | |
| | CITY: | | STATE/COUNTRY: | | ZIP: | |
| SHIPPING ADDRESS | STREET: | | | | | |
| | CITY: | | STATE/COUNTRY: | | ZIP: | |

BANK INFORMATION

| | | | | | |
|--------------|--|--|-----------|-----|--|
| BANK NAME | | | ACCOUNT # | | |
| CONTACT NAME | | | PHONE | () | |

I authorize the above named bank to release any information regarding my business account. I understand and authorize any dishonored checks, including a processing fee to be electronically debited from my account. CLIENT SIGNATURE _____

SALES TAX CERTIFICATE

This is to certify that all merchandise or goods purchased from ICETIME® INTERNATIONAL, INC. is purchased for resale, rent or lease by me within the geographical boundary/limit of the United States of America, its territories or possessions, or within geographical boundary/limits of United Mexico States. I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, rental or lease, I must pay sales tax. This certificate shall be considered a part of each order which we shall give, provided such orders contain our certificate number. This certificate will be in force until revoked. I will notify ICETIME® INTERNATIONAL, INC. promptly of any changes in my Tax Resale Certificate and I will submit the new one.

TAX RESALE NUMBER

STATE

OWNER'S SIGNATURE

DATE



6200 Stoneridge Mall Rd, Suite 300
Pleasanton, CA 94588

PH: 510-594-2481
FAX: 510-594-2351
icetimeinc@hotmail.com

CUSTOMER ACCOUNT FORM

SALES REPRESENTATIVE

DATE

TRADE REFERENCES

Please, list four jewelry trade wholesale business references below. All references should be established businesses. Do not list finding companies or watch companies.

| REFERENCE NAME AND CONTACT | | REFERENCE NAME AND CONTACT | |
|----------------------------|-------|----------------------------|-------|
| BUS. NAME: | | BUS. NAME: | |
| FIRST: | LAST: | FIRST: | LAST: |
| PHONE: | FAX: | PHONE: | FAX: |
| REFERENCE NAME AND CONTACT | | REFERENCE NAME AND CONTACT | |
| BUS. NAME: | | BUS. NAME: | |
| FIRST: | LAST: | FIRST: | LAST: |
| PHONE: | FAX: | PHONE: | FAX: |

CREDIT AGREEMENT

By signing below, I hereby agree and certify that all information given is correct and further grant seller a limited power of attorney to verify all the information in the credit application and, in the event of any default of payment under terms extended, the right to make and file a UCC-1 Security Agreement to secure the debt owed to seller. Buyer further agrees that no return will be accepted without written authorization. Buyer agrees to pay 1.5% interest per month (18% per annum) finance charges on all sums not paid in full within 30 days of purchase or within the payment term agreed to and further pay all cost of collection, with or without the institution of legal proceedings, attorney fees and cost of court. Buyer purchases all goods "as is".

I, _____ (Owner name/company name), hereby personally guarantee ICETIME® INTERNATIONAL, INC. the payment of any purchases made. I hereby agree to pay on demand any sum owed by Buyer which remains unpaid at any time. I, the guarantor, am fully aware of the financial conditions of the seller for all past, present and future requests for extension of credit. My guarantee is based solely upon my independent investigation of all matters pertinent hereto. I am not relying in any manner or upon any statement of ICETIME® INTERNATIONAL, INC. with respect thereto. This guarantee is irrevocable. I hereby waive notice on non payment, and endorse any modifications or renewal of credit agreement hereby guaranteed. All terms of the credit application are hereby personally guaranteed with my signature below.

| | | |
|----------------------|--------|-------|
| COMPANY NAME (PRINT) | | |
| CONTACT NAME (PRINT) | FIRST: | LAST: |
| SIGNATURE: _____ | DATE: | |

APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND DATED FOR PROCESSING.

MAIL COMPLETED APPLICATIONS TO:

FAX TO:

6200 Stoneridge Mall Rd, Suite 300
Pleasanton, CA 94588

OR

510-594-2351