



719 Lakemont Place #4
 San Ramon CA 94582

 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 merchandize 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, it's 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	



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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:

Icetime Internatioonal 719 Lakemont Place #4 San Ramon CA 94582

OR

510-594-2351
