

Coverite Industries Inc.
 5467 Brooks Street, Montclair, CA 91763
 Tel: (909) 460-4588 Fax: (909) 460-1212

CUSTOMER INFORMATION DATA SHEET

Company's name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: () _____ Fax: () _____
 e-mail Address: _____

General Information

Type of Organization: __ 1. Proprietorship __ 2. Partnership __ 3. Corporation __ 4. LLC
 __ 5. Limited Partnership

(Applicable to all) Owner/CEO Name: _____
 S.S.# _____

Home Address: _____
 City _____ State _____ Zip _____

(If applicable) Officer/Partner Name: _____
 S.S.# _____

Home Address: _____
 City _____ State _____ Zip _____

Tax Information

(Applicable to all) Federal Tax I.D.# _____
 Contact Person: _____ Title: _____

Business Information

Date of Business Established: _____ State: _____

Number of Years in Business: _____

Type of Business: _____ Wholesaler/Distributor _____ jobber/Retailer _____ Other

No. of Warehouse: _____ Warehouses Size: _____ (total sq. ft.)

Estimated Annual Sales \$ _____

Estimated Annual Sales of Car Covers \$ _____

Listed or Rated : D & B _____ Rating _____ Other _____ Rating _____ Name of

Accountant _____

Do you pledge or borrow on your accounts receivable? _____ From Whom _____

Do You have any outstanding UCC security agreements? _____ From Whom _____

Fire insurance on merchandise : Yes _____, No _____ How much _____

Do you own or rent building: Own _____ Rent _____ Name of Landlord _____

If additional costs such as attorney fees are required for collection of account. Applicant agrees to pay such costs.

Credit References

(Please provide complete information)

Bank (Checking Account)

1. Bank Name: _____ Account No: _____

Address: _____

Branch: _____ Contact _____ Phone () _____

2. Bank Name: _____ Account No: _____

Address: _____

Branch: _____ Contact _____ Phone () _____

Bank (Loan Account)

Name: _____ Account No: _____

Address: _____

Branch: _____ Contact _____ Phone() _____

Trade References

1. Company Name: _____

Address: _____

Phone: () _____ Fax: () _____ Contact: _____

2. Company Name: _____

Address: _____

Phone: () _____ Fax: () _____ Contact: _____

3. Company Name: _____

Address: _____

Phone: () _____ Fax: () _____ Contact: _____

RELEASE STATEMENT

To Whom It May Concern:

I (We) hereby authorize the release of any bank or trade credit information requested by **Coverite Industries Inc.** Your cooperation will be appreciated by **Coverite Industries Inc.** and Myself(Ourselves). A photocopy of this form will serve us as an authorization.

Company Name:

Address: _____

City: _____ State: _____ Zip: _____

_____ Date: _____

Authorized Signature

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____

PRINTED NAME OF PERSON SIGNING _____ TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____ DATE _____
()

Re : _____ (Your company Name)

Address : _____

The above referenced company has listed your company as a creditor. We would appreciate the benefit of your experience with this customer. Please answer the questions listed below and be assured the will be kept in the strictest of confidence. _____

Bank Name _____ Branch _____

Address _____

Account Name _____ Account Number _____

Account Opening Date _____

Average Monthly Balance : _____

Current Balance : _____

Any NSF : _____ If Yes, When _____ How Much _____

How many times in this current year? (Since _____) _____

How much credit line. _____

Comments : _____

(signature of Bank contact person) Print the name Title Date

Bank Name :

Contact Name :

Bank Address :

Telephone :

Fax :

Thank you in advance for your cooperation.

Sincerely

Coverite Industries Inc.
Please fax response back to (909)460-1212

APPLICANTS AGREE TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. If legal action to collect unpaid invoices becomes necessary, Applicant agrees to pay interest at the rate stated in our terms (or if no rate is stated, at an annual rate of 18%), plus legal fees and costs up to 33 1/3% of delinquency but less than \$1,000.00. The information provided by the Applicant above is for purpose of obtaining credit, and the Applicant warrants that each and every statement made is true, correct and complete and that the persons signing for Applicant are authorized to do so. Applicant hereby authorizes Coverite Industries Inc. or its agents, to contact the references and financial institutions named above for the purpose of investigating the applicant's creditworthiness. (Interest will be charge at 11/2% per month on any past due balances.)

As an additional inducement to Coverite Industries Inc. to extend credit to Applicant named above, I/We hereby agree to become surety/sureties to Coverite Industries Inc. for payments due or to become due in the future from the Applicant, including legal fees, interest and collection costs.

The person signing the acceptance of this agreement represents and warrants that he/she is the owner or duly authorized agent of owner(s) of the company and that the company has the financial ability to pay these invoices.

Signature _____ Date: _____

Print Name _____

Purchases on credit are permitted at the vendor's discretion and credit availability may be terminated at the vendor's sole discretion.

THIS FORM WILL NOT BE REVEIEWED FOR CREDIT APPROVAL UNTIL FULLY COMPLETED

Please attach a photocopy of your Resale Permit and mail to:

**Coverite Industries Inc. 5467 Brooks Street, Montclair, CA 91763,
Tel: 909-460-4588, Fax: 909-460-1212**