



GOOD ROADS AUTO SYSTEMS
STATUS ALLOY WHEELS

3600 NW 54TH STREET

FORT LAUDERDALE, FL 33309

TOLL FREE: 877.397.6237

TEL: 954.771.6331
TEL: 954.771.5767
TEL: 954.735.3335

FAX: 954.689.3622

WWW.GOODROADS.NET
WWW.STATUSWHEELS.COM

CUSTOMER INSTRUCTIONS FOR GOOD ROADS AUTO SYSTEMS, INC. DEALER APPLICATION

Dear Valued Customer:

Thank you for your interest in purchasing as a wholesale dealer with Good Roads Auto Systems, Inc. a.k.a. Status Alloy Wheels. In order to process your application as quickly as possible, please be sure to provide all the information listed below along with your signed Dealer Application (required) in order to avoid any possible delays.

1. **Dealer Application with signed Terms & Conditions;**
2. **The name and address of at least four (4) trade references from whom you are presently purchasing;**
3. **Signed Request for Bank Authorization form;**
4. **Business License;**
5. **Copy of your state Resale or Tax Exemption Certificate and Blanket Resale Certificate;**
6. **Copy of a voided check (used for reference only).**

Processing of this Dealer Application may take up to 90 days. Once we have received your completed and signed Dealer Application packet, you may purchase product by COD (certified funds) **ONLY** during the review process. To speed the application process, please fax a copy of the packet to (954) 689-3622.

NOTE: Your original Dealer Application documents must still be received in our office prior to final approval, so please be sure to mail them as soon as possible upon completion.

We will hold the information you provide in the strictest confidence. Thank you and we look forward to a mutually beneficial association.

GOOD ROADS AUTO SYSTEMS, INC. TERMS AND CONDITIONS

Payment made to Seller must be made without discount in United States dollars pursuant to the terms set forth by agreement between Buyer and Seller. In the event Buyer does not pay amount due pursuant to the terms of the agreement between Buyer and Seller, Buyer agrees to pay a delinquent interest charge of 2% per month pursuant to the laws of the State of Florida. Checks returned from the bank for insufficient funds or stop payment are subject to a fee of \$30.00.

Buyer agrees to immediately examine product upon receipt of delivery by Seller. Buyer agrees that he shall advise Seller of any defective product within five (5) days of receipt. Buyer also agrees that they will examine immediately upon receipt each and all of the Seller's invoices and statements, and that they will advise Seller of any transaction disputes within ten (10) days of receipt in writing. Failure to notify Seller of any dispute or defective goods within the above timeframe shall constitute a complete waiver of any and all such disputes.

Buyer may only return product with prior authorization; all returns must be accompanied with an RMA number written on the outside of the container. Return authorization will only be given within thirty (30) days of purchase. Returns are subject to a 20% - 50% restocking fee.

Seller may, at any time without notice, cancel all credit available to Buyer and refuse to make any further credit advances. In the event Seller determines that information contained on this Dealer Application is false or misleading, or if Seller receives other false or misleading credit information from Buyer of any kind or nature, Seller may without further notice cancel any orders in house, or any deliveries in progress to Buyer. Any false or misleading information by Buyer shall be construed as a material default, and any invoices outstanding shall be immediately due and payable in full.

Applicant will notify Good Roads Auto Systems, Inc. in writing if their business changes in statute in any way (i.e. new owner, becomes incorporated, loses a partner, changes banks, etc.).

AUTHORIZATION:

I/We individually, as principal(s) or officer(s) of the company, hereby authorize and request Good Roads Auto Systems, Inc. to consider my company's application, and authorize my personal, credit reporting agencies, company creditors and business references to provide information to Good Roads Auto Systems, Inc. Credit Department in conjunction with this application.

SIGNATURE

TITLE

PRINT NAME

DATE

SIGNATURE

TITLE

PRINT NAME

DATE

PERSONAL GUARANTY:

I/We, the undersigned and each of us, in consideration of any and all credit granted by Seller, guaranty prompt payment when due of any and all indebtedness now due or which may hereafter become due from said entity to Seller. This shall be a continuing guaranty and shall not be revocable, except upon actual receipt of Seller of written notice that we, or any of us, revoke said guaranty as to transactions subsequent to the date such notice is received and, in such event, I/we shall continue to be responsible for any and all transactions which occurred prior to the date Seller actually received said notice. Guarantor agrees to be bound by each and all of the terms and conditions set forth in the Dealer Application herein. The liability of the undersigned shall not be affected or prejudiced by the acceptance of a note or other indulgence granted to the applicant, or by any agreement affecting said indebtedness, and the undersigned hereby waive notice of all aforesaid. The filing of a suit or exhaustion of legal remedies against the applicant shall not be a condition precedent to the enforcement of this guaranty, and the undersigned hereby expressly waives any prior notice of applicant's default.

GUARANTOR'S WAIVERS: Except as prohibited by applicable law, Guarantor waives any right to require Seller: (a) to make any presentment, protest, demand or notice of any kind, including notice of any nonpayment of the indebtedness or of any nonpayment related to any collateral, or notice of any action or non-action on the part of Buyer, Seller, any surety, endorser, or other guarantor in connection with the indebtedness or in connection with the creation of new or additional sales; (b) to resort for payment or to proceed directly or at once against any person, including Buyer or any other guarantor; (c) to proceed directly against or exhaust any collateral held by Seller from Buyer, any guarantor, or any other person; (d) to pursue any other remedy within Seller's power.

GUARANTORS UNDERSTANDING WITH RESPECT TO WAIVERS: Guarantor warrants and agrees that each of the waivers set forth above is made with Guarantor's full knowledge of its significance and consequences and that, under the circumstances, the waivers are reasonable and not contrary to public policy or law. If any such waiver is determined to be contrary to any applicable law or public policy, such waiver shall be effective only to the extent permitted by law or public policy."

The Seller will be reimbursed for reasonable attorney's fees and cost of collection on any past-due bill, regardless of whether judicial action is undertaken. The Buyer agrees that jurisdiction and venue for any dispute under this contract are proper in Broward County, State of Florida.

DATE

GUARANTOR

SSN

PRINT NAME

DATE

GUARANTOR

SSN

PRINT NAME

RESALE CERTIFICATE

In compliance with SALES & USE TAX LAWS, it is necessary that we have the following information from all of our customers:

1. SIGNED Resale Certificate (see below), with State Sales Tax Permit Number to show merchandise purchased for resale;
2. Copy of Sales/Use Tax or Exemption Certificate provided by State.

Please complete the form below, including an authorized signature and address, and return with a copy of your State Resale/Exemption Certificate.

**FAX BACK TO (954) 689-3622
ATTENTION: CREDIT DEPARTMENT**

**This certificate is invalid unless all four (4) sections are completed by the purchaser.
Your dealer application must include this signed certificate or your purchases will be charged sales tax.**

I. Check one of the following:

- One-Time Purchase
 Blanket Certificate*

*A Blanket Certificate is valid for four (4) years from date of signature unless an earlier expiration date is listed below:

Expiration date, if less than four (4) years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from Good Roads Auto Systems, Inc./Status Alloy Wheels and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

II. Items covered by this certificate:

- All items purchased
 Limited to the following items: _____

III. Basis for exemption claim:

Resale:

- At Retail—Sales Tax Registration Number: _____
 At Wholesale—No number required.

Non-Profit Organizations:

- Government Entity, Nonprofit School, Nonprofit Hospital, Church (*circle type of organization*)
 Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations
 Exempt letter from State (*please enclose copy*)
 Other (*explain*): _____

IV. In the event this claim is disallowed, the purchaser promises to reimburse the seller for the amount of tax involved.

Purchaser _____
Street Address

Phone _____ _____ _____
City *State* *ZIP*

Signature & Title _____
Date

Print or Type Signature & Title

CONFIDENTIAL

Request for Bank Credit Information

To:

BANK NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 CONTACT: _____
 PHONE: _____
 FAX: _____

Re:

ACCOUNT NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: _____
 ACCOUNT #: _____

The above account has given the name of your bank as a reference in applying for credit. We would greatly appreciate your completing the information below. All information will be held in strict confidence.

Please fax to (954) 689-3622 or mail to the address below. Thank you.

ACCOUNT AUTHORIZATION TO RELEASE INFORMATION

Please accept this as an authorization to verify and/or release the information requested by Good Roads Auto Systems, Inc.

Authorized Applicant Signature

Title

Type or Print Name

Date

THIS SECTION TO BE COMPLETED BY BANK ONLY:

DATE ACCOUNT OPENED: _____

AVERAGE BALANCE:

LOW

MEDIUM

HIGH

1-4 FIGURES

5-FIGURE

6-FIGURE

ANY NSF CHECKS?

YES

NO

HOW MANY IN THE LAST YEAR?

LOANS

HIGH

PRESENT

LOAN EXPERIENCE:

SECURED

\$

\$

SATISFACTORY

UNSECURED

\$

\$

UNSATISFACTORY

IS BANK LOAN:

COMMITTED

AS-OFFERED

IS THE BANK'S COMMITMENT REDUCED:

QUARTERLY

ANNUALLY

AUTHORIZED BANK SIGNATURE

BANK TITLE

TYPE OR PRINT NAME

DATE



3600 N.W. 54 Avenue, Fort Lauderdale, Florida 33309
 Tel: (954) 771-6331 • (954) 771-5767 • (954) 735-3335
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DEALER APPLICATION

Date Received: _____ Salesman: _____ Customer Number: _____

COMPANY INFORMATION				
Full Legal Name/Business Entity		Phone Number		Fax Number
Doing Business As (DBA)		Email address		
Billing Address:		City	State	Zip
Ship To Address (if different from above):		City	State	Zip
Business License No.		Sales Tax Exemption No.		
FEIN or SSN:				
Accounts Payable Contact:			Phone/Ext:	
Names of People Authorized to Charge on Your Account:				
BUSINESS COMPOSITION				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other Entity				
Date Business Started:		Type of Business:		
Date of Incorporation:		State of Incorporation:		
Date of Partnership/Articles of Organization/Formation of Other Entity and State:		State Where Formed:		
PRINCIPALS OR OFFICERS:				
Name:		Title:		
Home Address:		Home Phone:		
Driver License No:		SSN:		
Has a bankruptcy ever been filed in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you qualified to do business in the state of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Title:		
Home Address:		Home Phone:		
Driver License No:		SSN:		
Has a bankruptcy ever been filed in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you qualified to do business in the state of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE REFERENCES (At least 4; for more, please list on separate sheet)				
Company Name		Account #	Contact	Phone
Address		City	State Zip	Fax
Company Name		Account #	Contact	Phone
Address		City	State Zip	Fax
Company Name		Account #	Contact	Phone
Address		City	State Zip	Fax
Company Name		Account #	Contact	Phone
Address		City	State Zip	Fax



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