

This customer information form should be filled out and sent back to us for the purpose of evaluation as it pertains to becoming an applicator/distributor of the WetSuit materials. Please fill in all the spaces provided. Use your Tab key to move to the next box. Please return the full form as requested.

Date:	<input type="text"/>	Entity Designation	
Company Name:	<input type="text"/>	<input type="checkbox"/> Corporation	
Contact Name/Title:	<input type="text"/>	<input type="checkbox"/> Partnership	
Street Address:	<input type="text"/>	<input type="checkbox"/> Sole Proprietorship	
City, State, Zip Code:	<input type="text"/>	<input type="checkbox"/> Joint Venture	
Telephone Number:	<input type="text"/>	Cellular Number: <input type="text"/>	
Fax Number:	<input type="text"/>	Email Address: <input type="text"/>	
Contractor's License #:	Class (es): <input type="text"/>	Union – yes or no: <input type="text"/>	State: <input type="text"/>
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Contractor's License #:	Class (es): <input type="text"/>	Union – yes or no: <input type="text"/>	State: <input type="text"/>
Federal Identification #:	<input type="text"/>		
Is 24-Hour Service available:	<input type="text"/>		
If yes, contact name & telephone #:	<input type="text"/>		

A. Type of Work

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Painting | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| | | <input type="checkbox"/> Other (Please Specify) |

B. Organization

1. How many years in business:
2. How many years under its present name:
3. Under what other names has your organization operated:
4. Number of Employees:
5. Geographic Territory:

6. Other Office Locations Other than Corporate Office:	Address:	Phone:	Contact:

7. If organization is a corporation

- a. Date of Incorporation: _____ d. State of Incorporation: _____
- b. President's name: _____ e. Vice-President's name: _____
- c. Secretary's name: _____ f. Treasurer's name: _____

8. If organization is a partnership

- a. Date of Organization: _____ c. Type of Partnership: _____
- b. Name(s) of general partner(s): _____

9. If organization is individually owned

- a. Date of Organization: _____
- b. Name(s) of general partner(s): _____

10. If organization is in another form than listed above, please describe and name principals:

- a. _____
- b. _____
- c. _____

11. Please name the principal owners/managers of the organization who have contract signing/execution authority:

- a. _____
- b. _____
- c. _____

12. Technology, please mark all the following below that your organization utilizes

- Web Based connectivity
- Website, if so please list _____
- Microsoft Project
- Web based tracking and/or reporting

13. Provide the following to be used for electronic distribution of project documents & other correspondence:

- Primary Email Address: _____
- Email Owner's Name: _____
- Secondary Email Address: _____
- Email Owner's Name: _____
- Alternate Email Address: _____
- Email Owner's Name: _____
- Alternate Email Address: _____
- Email Owner's Name: _____
- Alternate Email Address: _____
- Email Owners Name: _____

C. Women, Minority, Disadvantaged or Disabled Veteran Business

Yes No If yes, please indicate the status below and attach copy of certification.

- | | | |
|---|-------------------------------|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Disadvantaged | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Military Disabled | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Certificate Number:

D. Licensing

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers (if applicable). Please attach copy of contractor's license / registration.

a. _____

2. List jurisdictions in which your organization's partnership or trade name is filed.

a. _____

E. Experience

1. List the categories and the approximate percentage of work that your organization primarily performs with its own work force.

Category	Percentage Self Performed
a. _____	_____ %
b. _____	_____ %
c. _____	_____ %

F. Claims and Suits

If the answer to any of the following four questions below is YES, please attach details.

- | | |
|--|--|
| 1. Has your organization ever failed to complete any work awarded to it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past five (5) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Within the past five (5) years, has any officer of principal of your organization ever been an officer of principal of another organization when it failed to complete a construction contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

G. References

1. Trade References: _____
2. Recent completed Projects Customer References [Name, Title, Company, Project Size and Name, Value, Phone Number, Address] (please list at least five (5) within the past two (2) years):
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
3. Bank References: _____
4. Surety: Please supply the name, address and phone number of bonding company and agency / agent:
 - a. Name: _____ c. Phone #: _____ - _____ - _____
 - b. Address: _____ d. Agency/Agent: _____

G. References Continued

5. Bonding Limit: _____
- a. Bonding Company: _____ c. Phone # _____
- b. Agent: _____

H. Roofing Manufacturer Approvals

Manufacturer	System Type	System Type	System Type	System Type	System Type

I. Additional Information

Customer shall submit to Neptune Coatings a copy of its certificate of insurance to remain on file for future work performed.

J. Additional Comments

K. Signature

- a. Date Prepared: _____
- b. Prepared by: _____
- c. Name of Organization: _____
- d. Title: _____

Please forward all hard copies and additional information such as certificate of insurance to the address below:

Neptune Coatings Corp.
4260 Wagon Trail Ave.
Las Vegas, NV 89118