

National Electronics, Inc.

Account Application

*Please fill this form in its entirety and fax it back along with a copy of your Resale Tax Certificate to:
 Long Island headquarters: Fax #: 631 769 4000 New York City Branch: Fax #: 646 366 8005*

<i>Business Name:</i>			
<i>Business Address:</i>			
<i>Billing Address:</i>			
<i>Phone Numbers</i>	<i>Business:</i>	<i>Fax:</i>	<i>Mobile:</i>
<i>Email Address:</i>		<i>Web Address:</i>	
<i>Owner/ Officer:</i>		<i>Contact Person:</i>	
<i>Federal Tax ID #:</i>		<i>Resale Tax Certificate #:</i>	
		<i>Validated Date:</i>	

Payment Terms:

	<i>I - COD : Payments to be made by Cash , Bank Check , or Wire Transfer</i>
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In selecting payments option II and / or III please provide Bank or financial institutions information and trade references.

	<i>II - COD : Payments to be made by Company Check</i>
	<i>III-Time Bond : Payments to be made either by Cash, Company Check, or Bank Check</i>

<i>Bank Name:</i>	<i>Business Account #:</i>
<i>Address:</i>	<i>Phone #:</i>

Trade References:

<i>1-Company Name:</i>	<i>Contact Person:</i>
<i>Address:</i>	<i>Phone #:</i>
<i>2-Company Name:</i>	<i>Contact Person:</i>
<i>Address:</i>	<i>Phone #:</i>
<i>3-Company Name:</i>	<i>Contact Person:</i>
<i>Address:</i>	<i>Phone #:</i>
<i>Owner / Authorized Officer :</i>	<i>Signature:</i>
	<i>Date:</i>

National Electronics, Inc.

Applicant Information Release

I hereby authorize financial institutions and companies I have listed as reference on my account application to disclose in good faith any information they may have regarding my account, loan or line of credit information and payment history to National Electronics, Inc. I will hold your establishments, and any other persons giving references free of liability for the exchange of this information. The information is to be used for the review of an application for open credit and will be held in strictest confidence.

Business name: _____

Owner / Authorized Officer: _____

Signed: _____

Date: _____