

JOHN P. COSTON & CO INC

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of services of John P. Coston and Company, Inc. (copy available on request)

Company name _____

DBA (if different) _____

Contact person _____

Address _____

Phone _____

Fax _____

Federal tax ID or Social Security number. _____

Type of business _____

No. of employees _____

Date business established _____

Are you a:

1. CORPORATION

State of incorporation _____

Names, titles, and addresses of your three chief corporate officers

Name and address of other offices

2. PARTNERSHIP

Names and addresses of the partners

3. SOLE PROPRIETORSHIP

Are you sales tax exempt?

4. Yes

5. No

Have you ever had credit with us before?

6. Yes

7. No

If yes, under what name?

Authorized representatives

Purchase order required?

8. Yes

9. No

AMOUNT OF CREDIT REQUESTING _____
TERMS OF PAYMENT REQUESTING _____

CREDIT INTEREST RATES: 1.5% OF INVOICE OVER 10 DAYS
FROM INVOICE DATE

TRADE REFERENCES

| | | |
|--------------|---------|-------|
| Reference #1 | Name | _____ |
| | Address | _____ |
| | Phone | _____ |
| Reference #2 | Name | _____ |
| | Address | _____ |
| | Phone | _____ |
| Reference #3 | Name | _____ |
| | Address | _____ |
| | Phone | _____ |

BANK REFERENCES

| | | |
|--------|----------------|-------|
| Bank#1 | Account # | _____ |
| | Phone | _____ |
| | Contact person | _____ |
| | Name of bank | _____ |
| | Address | _____ |
| Bank#2 | Account # | _____ |
| | Phone | _____ |
| | Contact person | _____ |
| | Name of bank | _____ |
| | Address | _____ |

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

| | |
|-----------------------|-------|
| Authorized signature: | _____ |
| Printed name: | _____ |
| Title: | _____ |
| Date: | _____ |

Fax application to John P. Coston & Co., Inc
70 N.E. Loop 410, Suite 320
San Antonio, Texas 78216
Tel (210)828-3940
Fax (210)828-3934