

TOTOWA SYSTEMS, INC.

P.O. BOX 696, Totowa NJ 07512
TEL: 973-942-1710 FAX:973-942-3082

CONFIDENTIAL ACCOUNT AGREEMENT

For the purpose of establishing a commercial credit account with Totowa Systems, Inc., the following statements in writing are made, knowing that Totowa Systems, Inc. is relying upon same, should credit be extended. It is further understood that the information as supplied is confidential and should be regarded as continuous until another application is substituted for it and the principals listed below agree to inform Totowa Systems, Inc. of any material change in the applicant's financial statement.

IMPORTANT: A CURRENT FINANCIAL STATEMENT IS REQUIRED TO ESTABLISH CREDIT TERMS.

Customer	Company's Legal Name		Telephone		Fax	
	Address		City		State	Zip
	If billing address is different than that shown above, please list complete name, address, and telephone number:					
Description of Business	Type of Business		Annual Sales	In Business Since	# of Employees	Amount of Credit Requested
Business Structure	Corporation Publicly Held <input type="checkbox"/>		Corporation Closely Held <input type="checkbox"/>		Partnership-General <input type="checkbox"/>	Partnership-Limited <input type="checkbox"/>
	Sole Proprietorship <input type="checkbox"/>					
	If a Division of Subsidiary, Name and Address of Parent Corporation:					
Licensing Information	If Incorporated, Date of Incorporation		State of Incorporation		Resale #	Federal Tax ID#
Bank References	Name & Address of Bank			Telephone		Fax
	Contact Person		Checking Account#		Savings Account #	
	Loan Balance		Business <input type="checkbox"/>	Personal <input type="checkbox"/>	Secured by:	
Trade Reference (Open Accounts Only)	1.Firm Name, Name of Contact, Address				Telephone	Fax
	2.Firm Name, Name of Contact, Address				Telephone	Fax
	3.Firm Name, Name of Contact, Address				Telephone	Fax
	4.Firm Name, Name of Contact, Address				Telephone	Fax
Principals Responsible for Payment	Name				Social Security #	
	Home Address			City	State	Zip
	Name				Social Security #	
	Home Address			City	State	Zip

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

The undersigned, for the procuring and establishing credit from time to time with Supplier and to induce Supplier to permit the above named customer to become indebted to Supplier to purchase goods, materials, and services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certify that all information in this credit agreement is complete, factual and correct, and understands the Supplier will rely on the accuracy of the information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this Credit Application, and with regard thereof the undersigned hereby waives any privacy of credit information rights or regulations. If any representations made on the Application prove to be untrue, the undersigned agrees that all obligations of the above named customer to, or held by, Supplier shall immediately become due and fully payable without demand or notice and the undersigned further expressly agrees to assume personal liability for all obligations of said customer to Supplier. The undersigned acknowledges receipt of a copy of this Credit Application.

This Credit Application must be completed in its entirety and signed. The Purchase Agreement terms on the back of this Application are an integral part hereof and are to be read and also signed thereon.

PRINT NAME

SIGNATURE

TITLE

DATE SIGNED



INFORMATION RELEASE FORM

CREDIT REFERENCE FOR: _____
(Customer Name)

CREDIT REFERENCE: _____
(Bank/Company)

I hereby authorize the credit references listed on the attached Credit Application to release information regarding our account(s) for the purpose of establishing credit with Totowa Systems, Inc.

Authorized Signature

Title

Date