

DuBROOK, INC.

P.O. BOX 376
FALLS CREEK, PA 15840
(814) 371-3113

CONFIDENTIAL CREDIT APPLICATION

Enclosed is the *Application for Credit, Personal Guaranty and Authorization for Credit Inquiry*, which are needed to set up an open account for your firm.

In order to process your request in a timely manner, please complete all forms in full making sure not to omit any information. An officer of the company must sign each document.

Once completed in full, please fax to (814) 375-9054 or email to jc.gankosky@dubrookinc.com so we can begin processing your application. The originals must be mailed to:

DuBrook, Inc.
P.O. Box 376
Falls Creek, Pa. 15840

If you have any questions concerning these forms, please do not hesitate to contact me at (814) 371-3113.

Sincerely,
DuBrook, Inc.

Jeffrey C. Gankosky
Credit Department

Enclosure

PERSONAL GUARANTY

I, _____ as _____ of _____
_____ (hereinafter referred to as the "Company")
for and in consideration of DuBrook, Inc. extending at my request credit to the
"Company", hereby personally guarantee to DuBrook, Inc. the payment of any
obligation of the "Company" due to them by the "Company". I hereby confirm an
irrevocable guaranty and indemnity for such indebtedness of the "Company".
Further, I do hereby waive notice of default or non-payment and consent to any
modification or renewal of the credit agreement hereby guaranteed. I further agree
that I am liable for payment of all interest and 25% attorney fees and that suit may
be filed against me without first filing suit against the "Company".

Have you, spouse, principal or any company stock holder ever filed for bankruptcy?
Yes No If yes, when? _____

SIGNATURE	DATE	SOCIAL SECURITY NO.
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HOME ADDRESS	DATE OF BIRTH
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SIGNATURE OF SPOUSE OF ABOVE

HOME ADDRESS	DATE OF BIRTH
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SIGNATURE	DATE	SOCIAL SECURITY NO.
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HOME ADDRESS	DATE OF BIRTH
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SIGNATURE OF SPOUSE OF ABOVE

HOME ADDRESS	DATE OF BIRTH
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AUTHORIZATION FOR CREDIT INQUIRY

DuBrook, Inc. is authorized to make appropriate inquiry to verify credit and financial responsibility from the organization listed below. Please verify not only the accounts listed, but also any and all accounts that may be listed in the applicant's name.

FINANCIAL INSTITUTION

BANK NAME: _____

BRANCH NAME: _____

BANK TELEPHONE NO.: _____

BANK FAX NO.: _____

CHECKING ACCOUNTS

1. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

2. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

3. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

LOANS OR NOTES

1. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

2. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

3. ACCOUNT NO.: _____ **NAME ON ACCOUNT:** _____

Company Name

Authorized Representative Signature

Date