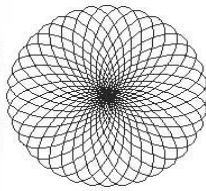


Since 1991



SUN STATE SYSTEMS, INC.

34-196 Industrial Loop, Orange Park, FL 32073
 904-269-2544 Fax: 904-269-2613
 Email: sales@sunstatesystems.com

BUSINESS CONTACT INFORMATION

Company Name:		
Phone:	Fax:	E-mail:
Billing Address:		
City:	State:	Zip Code:
Shipping Address:		
City:	State:	Zip Code:
Accounts Payable Contact:		Phone:
Sales Tax Status:	Taxable Exempt	Cert. #

If tax exempt, a copy of your resale certificate must be attached.

PRINCIPAL OFFICERS

Name/Title:		
Home Address:		
City:	State:	Zip Code:
Name/Title:		
Home Address:		
City:	State:	Zip Code:
Name/Title:		
Home Address:		
City:	State:	Zip Code:
Corporation	Partnership	Sole-Proprietorship

BUSINESS BANKING INFORMATION

Bank Name:		
Address:		
City:	State:	Zip Code:
Account Number:		
Bank Contact:		Phone:

BUSINESS TRADE REFERENCES

Company Name:		
Address:		
Acct. #:	Contact Name:	
Email:	Phone:	Fax:
Company Name:		
Address:		
Acct. #:	Contact Name:	
Email:	Phone:	Fax:
Company Name:		
Address:		
Acct. #:	Contact Name:	
Email:	Phone:	Fax:

I HAVE READ THE PROCESSED MATERIAL AND TO MY KNOWLEDGE, IT IS CORRECT AND IS GIVEN FOR THE PURPOSE OF SECURING CREDIT FROM SUN STATE SYSTEMS, INC. I AGREE THAT IF THE ACCOUNT IS NOT PAID WHEN DUE, AND IT BECOMES NECESSARY TO TAKE ACTION TO COLLECT, I WILL PAY THE COST OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEE. INTEREST ON OVER DUE ACCOUNTS WILL BE CHARGED AT THE RATE OF 1 1/2% PER MONTH.

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
Title:	_____	Title:	_____
Date:	_____	Date:	_____

Authorization for Release of Information – Financial Institution

Date: _____

To Whom It May Concern:

We are applying to **Sun State Systems, Inc.** for credit and have given you as a credit/banking reference.

Please give them your experience at opinion at the bottom of this letter and return either by fax or mail to **Sun State Systems, Inc.** We would sincerely appreciate your response to them as promptly as possible.

Sun State Systems, Inc. will hold your reply in strict confidence and will be happy to reciprocate at any time.

Company Name: _____

Authorized Signature: _____

Bank Account #: _____

Indicate Experience Below – Please return entire letter.

Account Opened: _____ **Average Daily Balance:** _____

Depository Relationship Satisfactory?: Yes No

Have any checks been returned due to insufficient funds within the last 12 months?
 Yes No

Detail/Comments: _____

Secured Loans:

High Balance: \$ _____ **Current Balance:** \$ _____