

ITECH DEVICES INC. 45333 Fremont Blvd #5 Fremont, CA 94538.

| CREDIT LINE APPLICATION FORM | | | | |
|--|---------------------|--------|-----------|--|
| Please complete the form below and return completed application to ITech Devices Inc.: | | | | |
| CREDIT AGREEMENT | | | | |
| | _ | _ | | |
| 1. FOR TERMS, YOUR AUDITED FINANCIAL STATEMENTS (BALANCE SHEET AND INCOME STATEMENTS) OR SIGNED FINANCIAL STATEMENTS (SIGNED BY THE OWNERS / PARTNERS / OFFICERS) MUST ACCOMPANY THIS APPLICATION. | | | | |
| Accounts Payable Contact: | | | | |
| A/P e – Mail: | | | | |
| A/P Tel. Number | | | | |
| Tax ID Number: | | | | |
| 2. ORGANIZATIONAL DATA | | | | |
| Company Name: | | | | |
| Check One: Sole Proprietor Partnership Corporation | | | | |
| Telephone: | | Fax: | | |
| Street Address: | | | | |
| Incorporation Date and State: | | | | |
| City: | | State: | ZIP Code: | |
| Length of time in Business: | Under Current Name: | | | |
| Name of Parent Company: | | | | |
| Date Business Established: | | | | |
| D&B #: | | | | |
| 3. NUMBER OF EMPLOYEES DOES PARENT COMPANY GUARANTEE | | | | |
| DEBTS? OFFICERS NAMES / TITLES – (FOR PARTNERSHIPS OR INDIVIDUAL OWNERS COMPLETE ENTIRE SECTION) | | | | |
| · · · | | | - | |
| Name: | | | | |
| Title: | | | | |
| Address: | | | | |
| Social Security Number: | | | | |
| Drivers License No.: | | | | |
| State | | | | |
| | | | | |
| Name: | | | | |
| Title: | | | | |
| Address: | | | | |
| Social Security Number: | | | | |
| Drivers License No.: | | | | |
| State | | | | |
| | | | | |
| Name: | | | | |

| Title: | | |
|---|--|--|
| Address: | | |
| Social Security Number: | | |
| Drivers License No.: | | |
| State | | |
| 4. TRADE REFERENCES | | |
| | | |
| Name: | | |
| Phone: | | |
| Address: | | |
| Account Number: | | |
| | | |
| Name: | | |
| Phone: | | |
| Address: | | |
| Account Number: | | |
| | | |
| Name: | | |
| Phone: | | |
| Address: | | |
| Account Number: | | |
| 5. BANK INFORMATION | | |
| | | |
| Bank Name: | | |
| Person of Contact: | | |
| Checking #: | | |
| Address: | | |
| Phone: | | |
| Savings #: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| | | |
| Please accept this as your authorization to release confidential information to IT Devices. | | |
| Commence | | |
| Company: Authorized Signature: | | |
| Printed Name: | | |
| Title:#: | | |
| Date: | | |
| Agreement -Please Check both Boxes below. | | |
| I Agree to the Terms and Conditions of this application. The Terms and Conditions are below. | | |
| I'm an authorized representative of the organization with authority to enter into contractual agreements. | | |
| The an additionated representative of the organization with additiney to effer into contractual agreements. | | |
| | | |

AGREEMENT

CREDIT AGREEMENT *(Please Sign Below in order for this agreement to be processed) The company making this application (here after known as Buyer) in order to induce ITECH DEVICES INC., to sell to Buyer, agrees to the following terms. retain and buyer grants a purchase money security interest in all products and the proceeds thereof sold by ITECH DEVICES INC. to Buyer, until satisfied in full, all of its obligations to ITECH DEVICES INC.. Buyer shall execute such financing statements as reasonably requested by ITECH DEVICES INC.. Buyer hereby represents and warrants that it is

solvent, and Buyer furthermore warrants that it will pay its obligations to ITECH DEVICES INC. (according to ITECH DEVICES INC. invoice due date and amount shown), as they come due and that Buyer's Liabilities do not exceed its assets. Buyer agrees to pay interest on all amounts that are past due. Interest charged by ITECH DEVICES INC., will be 1.5% per month or the highest rate allowed by law. This representation, warranty, and these terms, shall be in effect with each purchase obligation, whether by written or Verbal Purchase Order, or by procurement of product from ITECH DEVICES INC. by agreement, until the Buyer and ITECH DEVICES INC. agree in writing to change this. All costs of collection, including reasonable attorney's fees and court costs, shall be paid by the Buyer regardless whether suit is filed or not. The undersigned authorized officer of Buyer certifies that all the information contained in the application and its attachments is true and correct to the best of their information, knowledge, and belief. Buyer hereby agrees to adhere to policies and procedures as well as all terms and conditions established by ITECH DEVICES INC. and published by ITECH DEVICES INC.. The signature below acts as authority to release credit information by phone or by letter to the companies approached for credit information to ITECH DEVICES INC..

| SIGNATURES | | | |
|---------------------------------|-----------------|--|--|
| Title: Date: | Title: Date: | | |
| INDIVIDUAL PERSONAL GUARANTEE I | | | |
| SIGNATURES | | | |
| Title: Date: | Title: Date: | | |