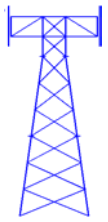




FRED A NUDD CORPORATION

1743 Route 104, PO Box 577, Ontario, NY 14519
315-524-2531, fax 315-524-4249
www.nuddtowers.com



8/8/2006

Customer Credit Application

Company Information

Date: _____

Company Name: _____ Since: _____

DBA: _____ Years in Business _____

Tax Exempt Yes _____ No _____ If yes, please attach a copy of your New York exempt certificate

State of Incorporation _____ Federal ID #: _____
*****Please provide W-9 Form

Billing Address: _____
City _____ State _____ Zip Code _____

Physical Address: _____
City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Has the Company changed its name in the past five years? Yes _____ No _____

If yes, please provide all prior names and address: (use back if needed)

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Type of Business

Corporation _____ Partnership _____ S-Corporation _____

Sole Proprietorship _____ Other _____

Main Branch Offices

Physical Address: _____
City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Personnel

Please list below the principal officers/owners of your company and their titles:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Please list below the names of your authorized buyer(s):

Name: _____ Fax #: _____

Name: _____ Fax #: _____

Do you require Purchase orders? Yes _____ No _____

If Yes, Do you require copy with invoice? Yes _____ No _____

Please list below the names of your Accounts Payable personnel:

Name: _____ Fax #: _____

Name: _____ Fax #: _____

Credit Information

Please list below the name of three (3) credit references and (1) bank reference:

Company Name: _____ How Long: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Company Name: _____ How Long: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Company Name: _____ How Long: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Bank Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

Are your Accounts Receivable pledged to anyone? Yes _____ No _____

If yes, please explain: _____

PaymentTerms

Upon approval, Net 30 Days. Late fee is 1.5% per month on all overdue balances. Overdue accounts may be placed on hold without notice. In addition, an account may be referred to an attorney for collection and if suit is commenced, customer agrees to pay all attorney fees. In case of litigation, all legal venue will be Wayne County, State of New York.

Payment Policies

Any returned checks will be charged a \$25.00 return check fee. There is a \$10.00 minimum billing charge for charge account customers. There may be a restocking fee for returned items. Any discrepancies must be reported to Fred A. Nudd Corporation within 10 days of purchase.

Dated: _____

CONTRACTOR

State of: _____

By: _____

County of: _____

Subscribed and sworn to before me this _____

Day of _____,

Notary Public

My commission expires: _____

Personal Guarantee

In consideration of extension of credit to applicant, and/or forbearance from immediate collection any existing indebtedness to you, I/we hereby unconditionally guarantee, jointly and severally, punctual payment and performance of all applicant's obligations, present and future, to Fred A. Nudd Corporation.

This guarantee may be revoked by written notice from you, but such revocation will not affect transactions undertaken prior to receipt of written notice of such revocation by the Fred A. Nudd Corporation.

I/We hereby waive notice of acceptance herein, extension of credit or default. No subsequent activities of Fred A. Nudd Corporation or transactions between Fred A. Nudd Corporation and applicant other than payment (including but not limited to extensions of due dates, release or substitutions of collateral security) shall affect the undersigned's obligations herein.

Dated: _____

CONTRACTOR

State of: _____

By: _____

County of: _____

Subscribed and sworn to before me this _____

Day of _____,

Notary Public

My commission expires: _____