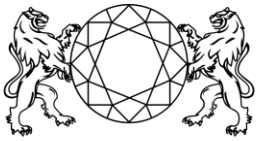


EXCELLENT FACETS

KYC / NEW CUSTOMER FORM

Excellent Facets Inc.

Company Name _____

DBA (if different) _____

Contact Person _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Tax ID Number _____

JBT Listed (Yes / No) _____

BANK INFORMATION

Bank Name and Address _____

Account Number _____

Bank Phone Number _____

Contact _____

CREDIT REFERENCES

1.

Vendor Name & Address _____

Phone Number _____

Fax Number _____

Contact _____

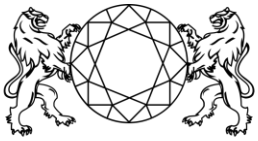
2.

Vendor Name & Address _____

Phone Number _____

Fax Number _____

Contact _____



EXCELLENT FACETS

3.

Vendor Name & Address _____

Phone Number _____

Fax Number _____

Contact _____

I represent that the above information is true and is given to induce Excellent Facets Inc. to extend credit to the applicant. My company and I authorize Excellent Facets Inc. to make such credit investigation as Excellent Facets Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Excellent Facets Inc. any and all information concerning the financial and credit history of my company and myself.

Authorized Signature _____

Printed Name _____

Title _____

Date _____