

Focused Solutions Group

MANAGEMENT AND TECHNICAL SERVICES FOR MANUFACTURERS



7 MEADOW ROSE CT
HACKETTSTOWN, NJ 07840

CREDIT INQUIRY

Date: _____

ON COMPANY: _____ Tel: _____

ADDRESS: _____ Fax: _____

The undersigned officer of the above company authorizes the bank to release the credit and financial information requested below directly to Focused Solutions Group.

Signature: _____ Tax ID: _____
Print Name and Title: _____

BELOW - FOR BANK USE ONLY

To the CREDIT DEPT OF: _____ Fax: _____
ATTN: _____ Tel: _____

Dear Bank Officer: The Company mentioned above has applied for a line of credit and has provided your bank as a reference. Please provide us with the following information, which will be kept confidential.

| | Checking | Savings | Term Loan | Credit Line |
|--------------------------------|----------|---------|-----------|-------------|
| Type of Account Open | Y / N | Y / N | Y / N | Y / N |
| Open Date | _____ | _____ | _____ | _____ |
| Average Balance, \$000 | _____ | _____ | _____ | _____ |
| Current Balance, \$000 | _____ | _____ | _____ | _____ |
| Account Rating | _____ | _____ | _____ | _____ |
| Insufficient Funds, # of times | _____ | _____ | _____ | _____ |
| Credit Limit, \$000 | _____ | _____ | _____ | _____ |
| Account Secured? | Y / N | Y / N | Y / N | Y / N |
| Maturity Date | N/A | N/A | _____ | _____ |

Prepared by: _____ Title: _____ Date: _____

We appreciate your cooperation in completing the above form. Please fax this page to 866-571-1548.

Very truly yours,

Focused Solutions Group

Tom

Tom Smith