

Globalink Securities, Inc.

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NEW ACCOUNT APPLICATION

Clearing By Wedbush Securities, Inc.

TEL: 1-626-964-5966
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IE: G _____

Account _____

1. ACCOUNT TYPE: Please check one box only.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint account | <input type="checkbox"/> Corporate Account | <input type="checkbox"/> Foreign Corporate Account |
| <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Trust / Pension Account | <input type="checkbox"/> Pension, Retirement Fund, Trusts | <input type="checkbox"/> Foreign Individual |

2. ACCOUNT TITLE: This section must be complete for all account types.

Account Title (Please Print) _____ _____ _____	Street Address (Cannot be P.O. Box) _____ _____ _____
	City _____
	State _____ Zip code _____

Where would you like your mail sent? <input type="checkbox"/> Street Address <input type="checkbox"/> Mailing Address	Mailing Address
<input type="checkbox"/> Business Address <input type="checkbox"/> Other: _____	_____ (Street)
E Mail Address _____	(City) _____ (State) _____ (Zip code) _____
Home Telephone # _____	
Fax # _____	

3. EMPLOYMENT INFORMATION. This section must be completed for all account types.

Employer's Name _____	Occupation _____ <small>(If self-employed, please describe. If retired, former occupation)</small>
Employer's Address _____ <small>(Street)</small>	Type of Business _____
(City) _____ (State) _____ (Zip code) _____	Employer's Telephone _____

- Check here if you or a joint account holder are employed by or affiliated with a Register Broker/Dealer. (If checked, include compliance letter.)
- Check here if you or a member of your immediate family is employed by or affiliated with **GLOBALINK SECURITIES**
- Check here if you are a director, 10% shareholder, or policy maker of a publicly owned company. Specify: _____
- Check here if your spouse is an employee of a publicly owned company. Specify: _____

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth _____	Number of Dependents (excluding self) _____	Taxpayer I.D. # _____ <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> None
Government I.D. # _____ Expires _____	<input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	Country of citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Country of legal residence <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____

4. CREDITPLUS ACCOUNT - WEDBUSH GOLD CARD AND All sections (except the Option Section must be completed Minimum \$5,000 equity required to qualify.)

Applicant requests CHECK WRITING ACCOUNT (check one) YES NO

Applicant requests WEDBUSH GOLD CARD (check one) YES NO - (Not available for retirement accounts)

By signing below, I acknowledge I have received, read and understand the Creditplus Agreement, the Margin Agreement, and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters. If I request a Debit Card, I agree that I may be required to maintain a Margin Account. I agree that a Special Financial Services account will be arranged by your clearing firm (Wedbush Morgan Securities Inc. or "WMS") through a processing service. I understand and agree that Creditplus Check and Card transactions will be paid by the Clearing Firm to the Processor and will be charged

(debited) to my account with the provisions of the Creditplus Agreement. I AGREE TO BE LEGALLY BOUND BY THIS AGREEMENT AND THE TERMS OF THE SPECIAL FINANCIAL SERVICES ACCOUNT AGREEMENT OF THE PROCESSOR.

For Joint Accounts: The Applicants agree that this Creditplus Application is made by both Applicants, and if approved, the terms apply to both Applicants. Each Applicant will be jointly and individually liable for all amounts due. The Applicants understand that both Applicants will be liable for Creditplus Check and Card transactions made by either Applicant. The Applicant requests that any Creditplus Cards issued to the Applicant(s) are validated so that the Applicants can use them to make financial transactions electronically.

The Applicant authorizes the Processor or its agent(s) to make the credit inquiries considered necessary to process the Creditplus Application, to conduct a credit review, and to collect any amounts due in connection with the Creditplus Card and Check transactions.

Complete the following information for security

Maiden Name of Applicant's Mother: _____
Names of Applicant's Children: _____

Applicant signature: (X) _____	Date: _____
Joint Applicant signature: (X) _____	Date: _____

5. JOINT OR CUSTODIAL ACCOUNT HOLDER: Complete for Joint or Custodial Accounts and for Individual Accounts if your spouse is by a publicly held company.

Joint/Custodial Name _____	Social Security Number _____	Employer (If unemployed, self-employed, a student, specify) _____
Country of citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Date of Birth _____	Occupation _____
Country of legal residence <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Employer Address (street, city, state and zip code) _____	

6. INVESTMENT PROFILE: This section must be completed for all account types.

(Please check appropriate boxes)

Investment experience and knowledge Number of years: _____ <input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Excellent	Estimate annual income <input type="checkbox"/> 15,000&Under <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 15,001-25,000 <input type="checkbox"/> 100,001&Over <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> Refused to Disclose	Estimate net worth (excluding home) <input type="checkbox"/> 15,000&Under <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Refused to Disclose <input type="checkbox"/> 15,001-25,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 250,001&Over
(Optional)		
Bank Name _____ (required for direct deposit)	Account Number(s) _____ (required for direct deposit)	Tax Bracket % _____
ABA Routing # _____	Checking _____ Savings _____ Loan _____	

What is your investment objective?
 INCOME TRADING SPECULATION
 NEW ISSUE CAPITAL GAINS

Handling Instructions: Securities, cash, and dividends will be held in your account unless you indicate otherwise.
 Securities: Send Cash: Send Dividends: Send

7. OPTIONS TRADING QUESTIONNAIRE - Fill out this section only if you want to trade options. The entire application (except Creditplus) must be completed.

Please select the anticipated type(s) of option transactions * Margin account must be chosen in box #8

1. COVERED CALL WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO 3. * SPREADS (PUTS AND CALLS) <input type="checkbox"/> YES <input type="checkbox"/> NO 2. PURCHASING CALLS AND PUTS <input type="checkbox"/> YES <input type="checkbox"/> NO	4. * UNCOVERED PUT WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO 5. * UNCOVERED CALL WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE USE ONLY Approval Level: _____
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Investment Experience _____
 Options knowledge/experience: None Limited Good Excellent
 Options trading experience: None Covered Calls Purchases Spreads Uncovered Puts Uncovered Calls

By signing below, I acknowledge that I have received, read and understand the characteristics and Risks of Standardized Options published by the Options Clearing Corporation and am aware of and accept the nature and extent of the obligations and risk factors of options trading. I believe the options transactions indicated in this application are suitable investments for my account. I have received, read, understood and agree to all the terms and conditions in the Options Agreement ("Form O").

Applicant signature: (X) _____ Date: _____
 Joint Applicant signature: (X) _____ Date: _____

8. MUST BE SIGNED BY ALL APPLICANTS

I affirm that I wish to open (please check one): CASH ACCOUNT MARGIN ACCOUNT AND CASH ACCOUNT
 By signing below, I affirm I have received The Letter of Understanding (Letter A) and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters. I also acknowledge that I have read, understand, and agree to all the terms and conditions in the Letter of Understanding and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters.
 By my signature below, I agree to advise you promptly in writing of any material changes to the information provided.

I ACKNOWLEDGE THAT THIS AGREEMENT ALSO CONTAINS A PREDISPUTE ARBITRATION PROVISION UNDER PARAGRAPH 9 OF THE DISCLOSURE STATEMENT-FACTS ABOUT YOUR BORROWING COSTS AND OTHER MATTERS.

You may You may not disclose my name, address, and security position to requesting companies in which I hold securities, under rule 14b-1(c) of the Securities and Exchange Commission. Does account allow for illiquid investments? YES NO

Applicant signature: (X) _____ Date: _____
 Joint Applicant signature: (X) _____ Date: _____

APPROVALS - FOR OFFICE USE ONLY	
Office Manager: _____ (Please sign and print name)	Investment Executive: _____ (Please sign and print name)
OPENING TRANSACTION: <input type="checkbox"/> BUY <input type="checkbox"/> SELL <input type="checkbox"/> DEPOSIT FUNDS <input type="checkbox"/> TRANSFER/ROLLOVER <input type="checkbox"/> DEPOSIT SECURITIES	
OPTION BOM/ROP SIGNATURE: _____	Government ID verified by: _____
CROP SIGNATURE: _____	Date: _____ Date Combined Client Agreements Furnished
SR. ROP SIGNATURE: _____	Date: _____ Date of First Option Transaction:
	Office Managers Initials: _____