

Globalink Securities, Inc.

3452 E Foothill Blvd, Suite 1040, Pasadena, CA 91107, USA
Tel: +1.626.964.5966 Fax: +1.626.964.5926

NEW ACCOUNT APPLICATION

Clearing By Wedbush Securities, Inc.

TEL: 1-626-964-5966

FAX: 1-626-964-5926

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? Street Address Mailing Address

Business Address Other: _____

E Mail Address _____

Home Telephone # _____

Fax # _____

Mailing Address _____

(Street)

(City)

(State)

(Zip code)

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

Employer's Name _____

Occupation _____

(* if self-employed, please describe. If retired, former occupation)

Employer's Address _____

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

- Single
 Married

Date of Birth _____

Number of Dependents (excluding self) _____

Taxpayer I.D. # _____

- SSN TIN None

Government I.D. # _____

Expires _____

Country of citizenship

- U.S. Other _____

- Driver License Passport Other _____

Country of legal residence

- U.S. 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
 YES NO

Applicant requests WEDBUSH GOLD CARD (check one)

- (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, selfemployed, a student, specify) _____
Country of citizenship U.S. Other _____ Date of Birth _____ Occupation _____
Country of legal residence U.S. 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: _____
 None Good Limited Excellent
Estimate annual income: 15,000&Under 50,001-100,000 15,001-25,000 100,001&Over 25,001-50,000 Refused to Disclose
Estimate net worth (excluding home): 15,000&Under 50,001-100,000 Refused to Disclose 15,001-25,000 100,001-250,000 25,001-50,000 250,001&Over
(Optional)
Bank Name _____ Account Number(s) _____ Checking _____ Savings _____ Loan _____ Tax Bracket % _____
ABA Routing # _____ (required for direct deposit) _____ deposit) _____

What is your investment objective?
 A INCOME B TRADING C SPECULATION
 D NEW ISSUE E 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 YES NO
2. PURCHASING CALLS AND PUTS YES NO
3. * SPREADS (PUTS AND CALLS) YES NO
4. * UNCOVERED PUT WRITING YES NO
5. * UNCOVERED CALL WRITING YES NO
OFFICE USE ONLY
Approval Level: _____

Investment Experience
Options knowledge/experience: None Limited Good Excellent
Options trading experience: None Covered Callls Purchases Spreads Uncovered Puts Uncovered Calls
Years of experience: _____

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: BUY SELL DEPOSIT FUNDS TRANSFER/ROLLOVER DEPOSIT SECURITIES
OPTION BOM/ROP SIGNATURE: _____ Date: _____ Government ID verified by: _____ Date Combined Client Agreements Furnished: _____
CROP SIGNATURE: _____ Date: _____ Date of First Option Transaction: _____
SR. ROP SIGNATURE: _____ Date: _____ Office Managers Initials: _____