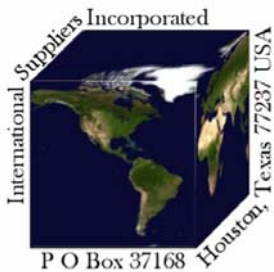
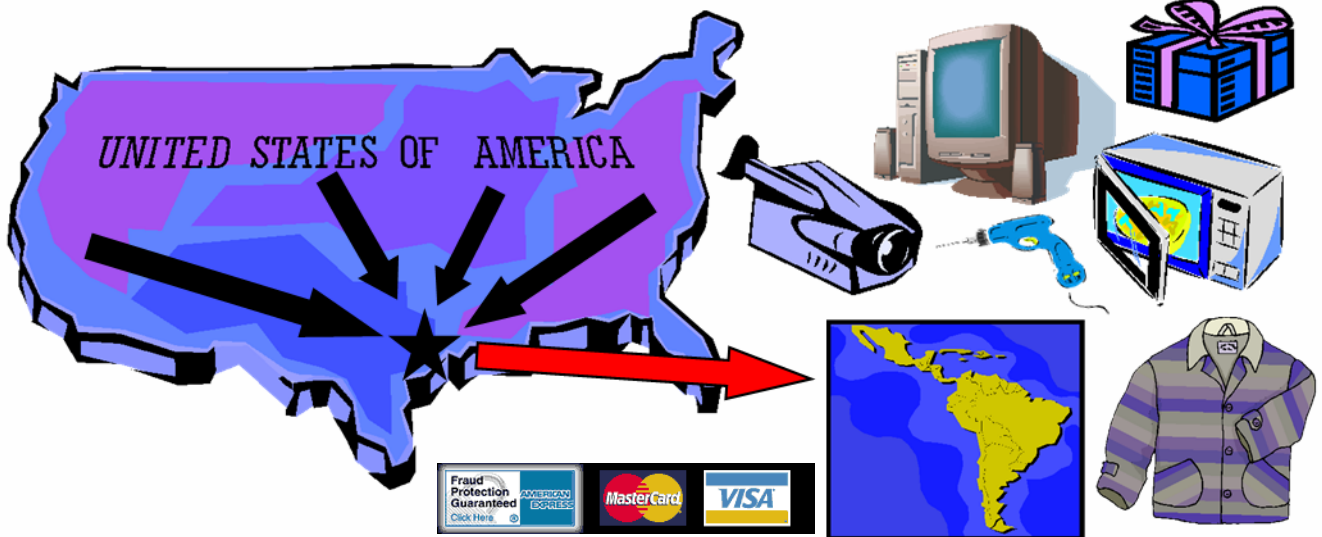


INTERNATIONAL SUPPLIERS
INCORPORATED

BUY AMERICA

YOUR SOURCE FOR THE WORLD!

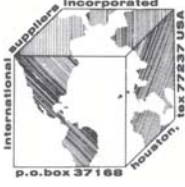


INTERNATIONAL SUPPLIERS
INCORPORATED

P O Box 37168
Houston, Texas 77237
Phone: 713 981-8750
Fax: 713 981-5227
Email: Sales@IntSup.com

Shopping is made easy with Buy America from International Suppliers.

- Attached you will find a form for you to complete. With this information, we can issue you a mailing address in the USA.
- After setting up your account, simply order the products you want and have the vendor ship to your new Buy America address.
- If you prefer, we can order the items for you with an additional 5% charge over cost or on approved terms. (Discounts apply for Cash In Advance)
- You know you are getting a good price, because you are able to shop wherever you want!
- We hold the goods for up to one week for free while waiting for your other orders, or ship upon receipt - according to your wishes.
- We ship the goods according to your preferences and needs, via well-known carriers like FedEx, UPS, DHL, or USPS.
- Customs duties and taxes will be collected at the time of delivery or by prior arrangement.
- For complete and up to date information concerning customs duties and taxes, please contact a customs broker.
- There are certain limitations regarding the import, export, and transport of certain items. Please contact your customs broker with any questions or doubts.
- No handling charges for goods up to 70 lbs and with length, width, and height less than 48 inches. Your monthly charge can be applied to shipping, so it is possible for you to pay us only for shipping! The monthly charge for the Buy America service is US \$10.00.



INTERNATIONAL SUPPLIERS, INC.

ACCOUNT SET UP FORM – BUY AMERICA

BUSINESS NAME		CONTACT		TIN	
BILLING ADDRESS (SAME AS CREDIT CARD)			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY	STATE	ZIP
TELEPHONE		FAX		COUNTRY	

SHIPPING DESIRED

<input type="checkbox"/> UPS	<input type="checkbox"/> AIR FREIGHT (TERMINAL TO TERMINAL)
<input type="checkbox"/> DHL	<input type="checkbox"/> FEDERAL EXPRESS
<input type="checkbox"/> USPS	<input type="checkbox"/> ALWAYS INSURE MY SHIPMENTS

PAYMENT METHOD



SHIPPING ONLY – YOU GET THE MERCHANDISE TO US, WE FORWARD IT TO YOU		SHIPPING AND MERCHANDISE – YOU ORDER FROM US AND WE DO ALL THE WORK	
CREDIT CARD # (AMEX, VISA, MC)	EXP DATE	NAME ON CARD	
WIRE TRANSFER	TYPE: <input type="checkbox"/> CHECK <input type="checkbox"/> SAVING	ACCOUNT NUMBER	

THE INFORMATION ON THIS **APPLICATION** AND THE **ATTACHED NOTARIZED FORM 1583 (REQUIRED)** IS GIVEN TO THE CMRA FOR THE PURPOSE OF COMPLIANCE WITH POSTAL LAWS. WE REPRESENT AND WARRANT THAT THE INFORMATION SET FORTH HEREIN IS ACCURATE AND COMPLETE IN ALL RESPECTS. WE ACKNOWLEDGE THAT THE CMRA IS RELYING ON OUR STATEMENTS IN THIS APPLICATION AND THAT THE STATEMENTS WILL BE INCORPORATED BY REFERENCE INTO ANY AGREEMENT WE MAY ENTER INTO WITH THE CMRA. WE ALSO REALIZE THAT FAILURE TO COMPLETELY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED WOULD CONSTITUTE A BREACH OF ANY AGREEMENT WE MAY ENTER INTO WITH THE LENDER.

SIGNATURE OF PRINCIPAL _____ TITLE _____ DATE _____

SIGNATURE OF PRINCIPAL _____ TITLE _____ DATE _____

DATE RECEIVED:	DPL CHECKED:	OFFICERS NAME:
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\$10.00 MONTHLY FEE APPLICABLE TOWARDS SHIPPING
 \$ 10.00 SED FILING CHARGE FOR SHIPMENTS OVER \$2,500.00
 OTHER FEES MAY APPLY FOR SPECIAL SHIPMENTS / HANDLING

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. <i>(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</i></p>	<p>3. Address to Be Used for Delivery Including ZIP + 4</p>
<p>4. Applicant Authorizes Delivery to and in Care of <i>(Name, address, and ZIP Code of agent)</i></p>	<p>5. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)</p>
<p>6. Name of Applicant</p>	<p>7. Applicant Home Address <i>(Number, street, city, state, and ZIP Code)</i></p>
<p>8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.</p>	<p>Telephone Number ()</p>
<p>a.</p>	<p>9. Name of Firm or Corporation</p>
<p>b.</p>	<p>10. Business Address <i>(Number, street, city, state and ZIP Code)</i></p>
<p>Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university or recognized corporate identification card; passport or alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.</p>	<p>Telephone Number ()</p>
<p>12. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. <i>(All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)</i></p>	<p>11. Kind of Business</p>
<p>13. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>14. If Business Name of The Address <i>(Corporation or Trade Name)</i> Has Been Registered, Give Name of County and State, and Date of Registration.</p>
<p>Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). <i>(18 U.S.C. 1001)</i></p>	
<p>15. Signature of Agent/Notary Public</p>	<p>16. Signature of Applicant <i>(If firm or corporation, application must be signed by officer. Show title.)</i></p>