

Authorized agent(s) allowed to act on behalf of this account:

Name: _____
(Copy of driver's license or passport required for non U.S. Citizens)

SS Number: _____ (For U.S. Citizens) Passport Number : _____ (For Non U.S. Citizens)

Place of Birth: _____ Date of Birth: _____ Citizenship: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

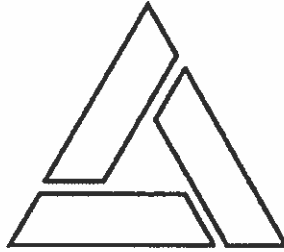
Business Phone Number: _____ Fax Number: _____

Email address: _____

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country? Yes ___ or ___ No

Are you or your spouse employed by a FINRA member firm or any other financial services company? Yes ___ or ___ No

Are you a 10% share holder or a policy making executive officer of a publicly traded company? Yes ___ or ___ No If yes company name _____



TRIAD
SECURITIES CORP.

TRADING AUTHORIZATION

TO: TRIAD SECURITIES CORP. ("Triad") A/C NO _____

AND SS OR ID NO _____

TO: _____ ("Clearing Firm")

The undersigned (the "Client") hereby authorizes _____ (whose signature appears below) as the Client's authorized agent and attorney in fact (the "Authorized Agent") to buy, sell, (including short sales) and trade in stocks, bonds and any other securities and/or commodities and/or contracts relating to the same, on margin or otherwise, in accordance with Triad's and/or Clearing Firm's terms and conditions for the Client's account and risk, and in the Client's name or number on Triad's and/or Clearing Firm's books.

*The Authorized Agent is specifically authorized to effect options transactions or to uncover a covered option position for the Client's account, as such terms are defined in the Options Clearing Corporation disclosure document entitled "Characteristics and Risks of Standardized Options," a copy of which the Client has received.

**Cross out this paragraph if option trading is not applicable.*

The Client hereby agrees to indemnify and hold harmless each of Triad and/or Clearing Firm from, and to pay Triad and/or Clearing Firm promptly on demand for, any and all losses arising from the Client's account or debit balance due on the Client's account.

In all such purchases, sales or trades Triad and/or Clearing Firm are authorized to follow the instructions of the Authorized Agent in every respect concerning the Client's account with Triad and/or Clearing Firm, and the Authorized Agent is authorized to act for the Client and in the Client's behalf in the same manner and with the same force and effect as the Client might or could do with respect to such purchases, sales or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades.

This paragraph does not permit the Authorized Agent to pay monies from the Client's account.

____ Check here to grant **FULL AUTHORIZATION** (including authorization to make the delivery of securities and payment of monies) to the Authorized Agent.

Triad and/or Clearing Firm are authorized to follow the instructions of the Authorized Agent in every respect concerning the Client's account with Triad and/or Clearing Firm, and make deliveries of securities and payment of monies to such Authorized Agent or as such Authorized Agent may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account of the Client, the Authorized Agent is authorized to act for the Client and in the Client's behalf in the same manner and with the same force and effect as the Client might or could do.

The Client hereby ratifies and confirms any and all transactions with Triad and/or the Clearing Firm heretofore or hereafter made by the Authorized Agent or for the Client's account.

This authorization and indemnity is in addition to (and in no ways limits or restricts) any rights which Triad and/or Clearing Firm may have under any other agreement or agreements with the Client.

This authorization and indemnity is continuing and shall remain in full force and effect until revoked by the Client by a written notice addressed to Triad and delivered to Triad's office at 111 Broadway, New York, New York 10006 (or at such other location designated by Triad), but such revocation shall not effect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of Triad and/or Clearing Firm and any successor firm or firms of Triad and/or Clearing Firm, irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of Triad and/or Clearing Firm and any successor firm or firms of Triad and/or Clearing Firm, and shall be binding on the Client, the Client's heirs, executors, administrators and assigns and shall be governed by the laws of the State of New York.

Very truly yours,

X _____
Client Signature
Print Name: _____

_____ Date

X _____
Client Signature
Print Name: _____

_____ Date

ACKNOWLEDGED:

X _____
Authorized Agent
Print Name: _____

_____ Date