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New Vision Global Capital Partners LLC

APPLICATION

COMPANY NAME	TICKER	EXCHANGE	NO. OF SHARES	MOST RECENT BID PRICE	TOTAL VALUE

FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE: () _____ FAX: () _____

EMAIL: _____@_____

**ACCOUNT STATEMENT MUST BE INCLUDED WITH APPLICATION
TO RECEIVE TERM SHEET**