



**SUBSCRIPTION AGREEMENT**

**FOR 12.0 % TWO-YEAR DEBENTURES OF NETWORK TECHNOLOGIES INTERNATIONAL, INC.**

(We) hereby subscribe \_\_\_\_\_ for: \_\_\_\_\_ multiple(s) of 12.0 % Two-Year Debentures of Network Technologies International, Inc. at face value. Each multiple is \$25,000. Herewith find \$\_\_\_\_\_ in full payment thereof.

The Debentures should be registered and issued in the following mode of ownership:

(ONLY ONE MODE OF OWNERSHIP MAY BE SELECTED)

1. \_\_\_\_\_ an individual.  
(Name)

2. \_\_\_\_\_ and \_\_\_\_\_  
as joint tenants with right of survivorship and not as tenants in common.

3. \_\_\_\_\_ and \_\_\_\_\_  
as tenants in common.

4. \_\_\_\_\_ as custodian for \_\_\_\_\_ under the Uniform Gifts to Minors Act, as applicable.

5. \_\_\_\_\_ trustee for \_\_\_\_\_  
(Name)

\_\_\_\_\_. Trust  
Name \_\_\_\_\_  
(Name)

Date of Trust \_\_\_\_\_

I acknowledge receipt of a copy of the current Prospectus of Network Technologies International, Inc. with respect to the offering of the above Debentures subscribed for hereby which will be issued, and interest will begin to accrue, as of the first day of the month following the month in which payment of the Debentures has been received by Network Technologies International, Inc. Under the penalties of perjury, I certify that the information listed below is true, correct and complete.

Dated \_\_\_\_\_  
Signed \_\_\_\_\_  
Signed \_\_\_\_\_

Please print name, address, social security number and telephone number of \_\_\_\_\_ registered \_\_\_\_\_ owner(s).

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(City, State and Zip Code) (City, State and Zip Code)

\_\_\_\_\_  
(Social Security Number or (Social Security Number or Federal I.D. Number) Federal I.D. Number)

\_\_\_\_\_

\_\_\_\_\_  
(Area Code)(Telephone Number) (Area Code)(Telephone Number)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Make check payable to:  
Network Technologies International, Inc.

Mail to:  
Network Technologies International, Inc.  
2222 Michelson Dr. Suite 6099  
Irvine, CA 92612

You are required to complete the W-9 Form on the reverse side of this subscription.



**W-9 Form**

Important Tax Information

We ask that you complete this substitute form W--9, sign in the space provided, and return it, with the subscription agreement to:

Network Technologies International, Inc.  
Corporate Treasurer  
2222 Michelson Dr. Suite 6099  
Irvine, CA 92612

A) Is your name and address correct on the preceding subscription form? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If no, please correct it on the subscription agreement.)

B) Taxpayer Identification Number (TIN). - Enter your TIN in the space provided below.

Employer Identification Number \_\_\_\_\_ - \_\_\_\_\_

OR

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

C) Please check the appropriate box:

Individual / Sole Proprietor  Corporation  Partnership  Other \_\_\_\_\_

D) Certification: Under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to back withholding because: (a) I am exempt from back withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to back withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to back withholding.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to back withholding because of underreporting interest or dividends on your tax return.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

