

Sponge Company, Inc
D/b/a. "CPD" CenterPoint Distribution Services
PO BOX 1055
Independence, MO 64051

Bus: 816-353-9500
Fax: 816-353-9502

Company Name (hereafter sometimes "Customer")

Address

Billing Address (*if different from above*)

Business Phone

Business Fax

Person Responsible for Accounts Payable: _____

COMPANY OFFICERS:

Name Title % Home Phone

Name Title % Home Phone

Name Title % Home Phone

BUSINESS INFORMATION:

Amount of Credit Desired: _____ How Long in Business: _____

*Note: PERSONAL GUARANTEE required for Credit lines over \$5000.00 u.s.d.

Type of Business: _____ Is Purchase Order Required: _____

Is this business: C or S: Corporation ___ Partnership ___ L.L.C. ___ Sole Proprietorship

If a Sole Proprietorship, please list Social Security Number: _____

If Corporation, please list F.E.I.N., Federal Tax I.D. Number: _____

D.U.N.S. Id number: _____

List other names under which the company operates: _____

BANKING INFORMATION:

Banking Institution #1: _____

Address: _____ Acct# _____
 ___ Checking ___ Savings ___ Loan

Banking Institution #2: _____ Acct# _____

Address: _____
 ___ Checking ___ Savings ___ Loan

CREDIT REFERENCES:

Credit Reference Name #1: _____

Address: _____

Phone: _____ Fax: _____

Credit Reference Name #2: _____

Address: _____

Phone: _____ Fax: _____

Credit Reference Name #3: _____

Address: _____

Phone: _____ Fax: _____

CREDIT CARD VERIFICATION:

___ VISA/MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER

Credit Card Number: _____ Expiration Date: _____

Card Billing Address: _____

Your credit card is used for credit reference and must be kept current in order for your account to remain open. Your card will not be processed unless prior approval is received.

Has Customer or any of its principals ever filed for bankruptcy protection? Yes () No ()
If yes, explain (use another sheet if necessary)

As an inducement to grant credit, the undersigned warrants that the information submitted is accurate and correct. Customer authorized Centerpoint to investigate the credit references and principles listed.

In consideration for the extension of credit, Customer promises to pay for all storage, shipping, handling charges & services associated with providing services of a 3PL, Contract Warehousing and Fulfillment Business within the terms agreed.

Customer agrees to pay a service charge of 1.5% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding monies due by said business, the undersigned agrees to pay reasonable collection agency costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

BUSINESS NAME _____

NAME *(please print)* _____ TITLE _____ SIGNATURE _____

NAME *(please print)* _____ TITLE _____ SIGNATURE _____

PERSONAL GUARANTEE required for Credit lines over \$5000.00 usd.

In consideration for Sponge Company, Inc. d/b/a/ CPD, CenterPoint Distribution Services extending credit to Customer for any materials and/or services after this date at the request of applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to Sponge Company, Inc. d/b/a/ CPD, CenterPoint Distribution Services by Customer whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Sponge Company, Inc. d/b/a/ CPD, CenterPoint Distribution Services and Customer. Sponge Company, Inc. d/b/a/ CPD, CenterPoint Distribution Services shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Sponge Company, Inc. d/b/a/ CPD, CenterPoint Distribution Services.

This guarantee shall continue in force and be applicable to all debts owned by Customer to Sponge Company, Inc., d/b/a CPD, CenterPoint Distribution Services.

NAME: _____ DATE: ____/____/____

(Individual guaranteeing payment. no title)

HOME PHONE: (_____) _____ - _____

SSN: _____ - _____ - _____

HOME ADDRESS: _____

Signature of person guaranteeing payment

Name of business whose account is guaranteed

CREDIT DEPARTMENT USE ONLY

DATE: ____/____/____ LINE OF CREDIT: APPROVED () DENIED () AMOUNT \$ _____