SPONGELLÉ

CUSTOMER CREDIT APPLICATION FORM & AGREEMENT

Business Information:

Company Name: _____

Billing Address: _____ City _____ State _____ Zip _____

Phone: _____-_____-_____ Fax: _____-_____-_____ Federal Tax ID: _____-_____

Fla. Sales Tax Resale # _____* Yrs in Business: _____ Nature of Business: _____
**(Annual Certificate Must Accompany Application)*

Date Business Started: _____/_____/_____ Nature of Business: _____

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____ Other_____
(Please Check One)
Purchase Orders Required? _Y_/_N_ Purchasing Manager: _____
(Please Circle One)

Bank Information

1. Bank Name: _____ Account #: _____ Phone: _____-_____-_____

Address _____ City _____ ST _____ Zip _____Contact: _____

Credit References

1. Business Name: _____ Phone: _____-_____-_____

Contact Name: _____ Fax: _____-_____-_____

2. Business Name: _____ Phone: _____-_____-_____

Contact Name: _____ Fax: _____-_____-_____

Owner/Officers: _____ Title_____ SS#_____-_____-_____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____-_____-_____ Drivers License # _____ /_____ _____
(State)

Any and all information is held in the strictest confidence.

Open Account Terms and Conditions

Bank Name: _____ Phone#: _____-_____-_____

Account #: _____ Contact: _____

Terms: Invoices are payable within 30 days of invoice date. Proof of delivery must be requested within 21 days of invoice date on all normal delivery, express delivery must be requested within 10 days of invoice date. Returned merchandise will be refunded the full amount for unopened boxes within a period of 14 days. Late payments can result in cancellation, or temporary hold of any pending orders until the balance is paid in full.

The undersigned assures that the information contained above is true and correct; and furthermore, herby authorizes the release of information from the listed credit references and banking institution to Spongelle LLC. In consideration of Spongelle LLC. extending credit to the above applicant the undersigned personally guarantees the payment of any and all future obligations which may be owed to Spongelle LLC.

BY COMPLETING AND RETURNING THIS APPLICATION TO SPONGELLE LLC. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY SPONGELLE LLC. OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT.

_____ _____ _____ _____/_____/_____
SIGNATURE **PRINT NAME** **TITLE** **DATE**

(*For Official Use Only)*
Sales Rep _____ Credit Limit _____ Account No. _____ Date: _____

D & B Rating _____ Approved by _____

Address: 220 W. Ivy Ave. Suite B, Inglewood, CA 90302 **Telephone: 310-649-5026 | Fax: 310-655-0939**