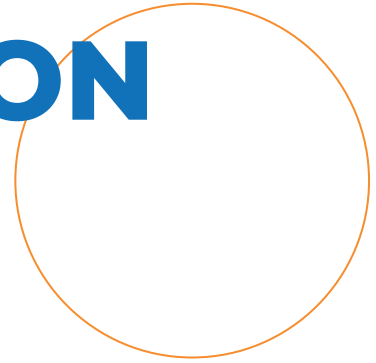


FIELD OFFICE APPLICATION FORM



inCruises® Independent Field Office Application and Agreement Form

This inCruises Independent Field Office Application and Agreement is an addendum to the inCruises Independent Business Partner Agreement. All terms and conditions of the inCruises Independent Business Partner Agreement remain in full force and effect and are not superseded in any way by this addendum. The applying Partner MUST have a rank of National Director or above.

Requesting Partner Name: _____

PLEASE PRINT IN ALL AREAS EXCEPT SIGNATURES

I. ACTION

Open Office Close Office Office Move Change On-Site Supervisor

Other: _____

If relocating an office, please state whether the existing office will remain open: YES NO

If existing location is to remain open, please provide the name of the Partner who is the new Field Office Manager.

Field Office Manager Name and Effective Date of Change: (Please note, this form cannot be processed without effective date): _____

II. OFFICE INFORMATION

Office Address:

Name of Landlord:

Entity Name of Lessee:

Term of Lease:

Description of Business Area Where Office is Located:

If the lease that is the subject of this field office expires without renewal or relocation approval, any field office approval granted shall also terminate on the same date.

III. OFFICE BUSINESS ENTITY INFORMATION

Entity Name (The entity name MUST NOT contain the name "inCruises"):

Name of Partners who are the owners of the business entity and percentage of ownership interest (An inCruises independent Partner MUST own more than 50% of the business entity.):

Should there be an ownership change of the entity that results in a change of control of the entity, this agreement shall terminate immediately on that same date. In order for the Field Office to continue, a new inCruises Field Office Application and Agreement Form must be submitted and approved.

Type of Entity:

Registered Address of the Entity:

IV. OFFICE RELOCATION

If you are seeking to relocate your field office, please provide the following information:

Present Office Address (include Name of Field Office Manager Partner):

New Office Address (include Name of Field Office Manager Partner):

Please state all reasons for the office relocation:

V. OFFICE CLOSURES

Complete this section if operations at the field office have ceased or will cease:

Date operations ceased or will cease at the field office:

New location of field office books and records:

Contact Name/Phone No.:

Reasons for office closure:

VI. SIGNATURES

I understand and agree that inCruises may choose to deny this application for an independent inCruises Field Office, at its discretion. I agree to all terms and conditions contained in this application and agreement form, and also to the inCruises Independent Field Office Policies, which are incorporated herein by reference.

Partner Signature

Partner Name

For inCruises Corporate Office Use Only

Approved by: _____

Printed Name and Title: _____

Date: _____