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25 South West Street ~ Mt. Vernon ~ NY ~ 10550  
914-237-4040

# Exhibit E - Credit Application Information

## BUSINESS INFORMATION

Legal Name: \_\_\_\_\_  
 Other Names Used: \_\_\_\_\_  
 Tax ID#: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Type:  Corporation  Sole Prop  LLC  Partnership  
 Other: \_\_\_\_\_  
 Financial Contact: \_\_\_\_\_  
 Phone # to Financial Contact: \_\_\_\_\_  
 Date This Business Was Established: \_\_\_/\_\_\_/\_\_\_

## PRINCIPAL INFORMATION

Name1: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_  
 Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Name2: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_  
 Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

## BANK INFORMATION

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

## CREDIT REPORT (For HLI Use Only)

Requested Credit Limit: \_\_\_\_\_  
 Credit Report to Pull: \_\_\_\_\_  
 Approval Status: \_\_\_\_\_  
 Credit Limit Established: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Approved By: \_\_\_\_\_

An investigative, consumer or commercial report may be made in connection with this application. The undersigned authorizes PaySpot or any credit reporting agency employed by it to investigate its personal and business history and of its principals, partners, stockholders and members and obtain credit bureau reports for each for the purposes of this Agreement.

Acceptance:  \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Acceptance: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_