



Dear Customer. We factor our sales through Hana Commercial Finance, Inc. In order to provide you with credit approvals for a term sales, our factor may need certain information on your company. Please take a moment to fill out this Customer Account Information Sheet or provide us with your own reference sheet along with your purchase order.

Please complete the form below and email it back to info@egpro.com or send to: EG-PRO, 275 W. 39th Street, 8th Fl., New York, NY, 10018 / 212-221-0221

| CUSTOMER ACCOUNT INFORMATION | | | |
|---|--------------------|--|------------------------|
| COMPANY NAME (COMPLETE LEGAL NAME) | | TRADE NAME, IF DIFFERENT FROM LEGAL NAME | |
| ADDRESS: (STREET) | | (CITY) | (STATE) (ZIP) |
| PHONE NUMBER | FAX NUMBER | EMAIL | FISCAL YEAR-END DATE |
| BUSINESS ENTITY CORP.() PARTNERSHIP () LLC () | | EST. YEAR & STATE | FEDERAL TAX ID NO. |
| NATURE OF THE BUSINESS: | | | |
| PRINCIPAL - NAME | DATE OF BIRTH | PLACE OF BIRTH | SOCIAL SECURITY NUMBER |
| TITLE | OWNERSHIP (%) % | HOME PHONE NUMBER | CELL PHONE NUMBER |
| HOME ADDRESS (STREET) | | (CITY) | (STATE) (ZIP) |
| ACCOUNTS PAYABLE | PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
| BANK NAME FOR BUSINESS ACCT. | ACCOUNT NO. | PHONE NUMBER | CONTACT PERSON |
| BANK ADDRESS (STREET) | | (CITY) | (STATE) (ZIP) |
| BANK CONTACT | PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
| CPA FIRM NAME | | PHONE NUMBER | CONTACT PERSON |
| CPA ADDRESS (STREET) | | (CITY) | (STATE) (ZIP) |
| SUPPLIER (1) - NAME | ADDRESS | | |
| PHONE NUMBER | FAX NUMBER | CONTACT (NAME / TITLE) | |
| SUPPLIER (2) - NAME | ADDRESS | | |
| PHONE NUMBER | FAX NUMBER | CONTACT (NAME / TITLE) | |
| SUPPLIER (3) - NAME | ADDRESS | | |
| PHONE NUMBER | FAX NUMBER | CONTACT (NAME / TITLE) | |
| SUPPLIER (4) - NAME | ADDRESS | | |
| PHONE NUMBER | FAX NUMBER | CONTACT (NAME / TITLE) | |
| SUPPLIER (5) - NAME | ADDRESS | | |
| PHONE NUMBER | FAX NUMBER | CONTACT (NAME / TITLE) | |

CREDIT RELEASE AUTHORIZATION: I hereby authorize Hana Commercial Finance, Inc. to verify any credit information from whatever source it deems appropriate and I further authorize our banks, trade references and financial institutions the right to release by telephone or fax. All credit information obtained will be treated confidentially and will be used only in assisting Hana Commercial Finance, Inc. in issuing credit approvals. A copy or fax of this Credit Release Authorization may be deemed to be equivalent of the original.

Signature: _____ Name: _____ Title: _____ Date: _____



Hana Commercial Finance, Inc.

Headquarters
1000 Wilshire Blvd., 20th Floor
Los Angeles, CA 90017
Tel: (213) 240-1234

New York Office
1410 Broadway, Suite 1102
New York, NY 10018
Tel: (212) 240-1234

CREDIT RELEASE AUTHORIZATION

DATE: _____

RE: _____
Customer Name

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BANK NAME: _____

ACCOUNT NUMBER: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Please feel free to reach me at () _____ if you have further questions or comments.