

Dear Customer,

We factor our sales through **Hana Financial, 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 you own reference sheet along with your purchase order. If you have any questions please feel free to contact **Hana Financial Inc. Tel: (213) 240-1234 Fax(213) 228-3377**

CUSTOMER ACCOUNT INFORMATION

COMPANY NAME (COMPLETE LEGAL NAME)		TRADE NAME, IF DIFFERENT FROM LEGAL NAME		
ADDRESS:	(STREET)	(CITY)	(STATE)	(ZIP)
YOUR NAME:	FAX NUMBER	ESTABLISHED YEAR	STATE OF INC.	
PHONE NUMBER	BUSINESS ENTITY CORP () PARTNERSHIP () LLC ()			WEBSITE
FEDERAL TAX ID NO.	ASI #	PPAI #	SAGE #	D&B#

BANKING INFORMATION

BANK NAME FOR BUSINESS ACCT.	ACCOUNT NO.	PHONE NUMBER	CONTACT PERSON
BANK ADDRESS	(STREET)	(CITY)	(STATE) (ZIP)

ADDITIONAL BANK IF AVAIL.	ACCOUNT NO.	PHONE NUMBER	CONTACT PERSON
BANK ADDRESS	(STREET)	(CITY)	(STATE) (ZIP)

TRADE REFERENCES

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)	

CREDIT RELEASE AUTHORIZATION: Applicants signature attests financial responsibility ability and willingness to pay our invoices in accordance with EG Pro terms. Past due balances may be subject to 1.5%/month interest as well as all costs and reasonable attorney fees in the event collections become necessary. The following information as well as any accompanying supporting information is for the purpose of obtaining credit and is warranted to be true. I/we do hereby authorize EG Pro to investigate the references pertaining to my/our credit and financial responsibility. EG Pro reserves the right to refuse or revoke credit at any time. I/we have read and agree to all EG Pro terms and conditions.

I hereby authorize Hana Financial, 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 phone or fax. All credit information obtained will be treated confidentially and will be used only in assisting Hana Financial Inc. in issuing credit approvals. A copy or fax of this Credit Release Authorization may be deemed to be equivalent of the original document.

Signature:

Print Name:

Title:

Date: