

HAYWOLFE ENTERPRISES LLC.

Credit Application

Lessee Information

Full Business Name: _____ D/B/A Name _____
Address: _____
Street City State Zip
Phone: _____ Federal Tax ID#: _____ Yrs. in Business: _____
Contact Name: _____ Email: _____
Nature of Business: _____
 Proprietorship Corporation Partnership Limited Liability Corporation

Business Owners

Owner Name: _____ Title: _____ %Ownership: _____
Home Address: _____ SSN: _____
Street City State Zip
Owner Name: _____ Title: _____ %Ownership: _____
Home Address: _____ SSN: _____
Street City State Zip

Equipment Information

Equipment Description: POINT OF SALE EQUIPMENT AND INSTALLATION SERVICES
Equipment Cost: _____ Term: _____ End of Lease Option (FMV, \$1 Out): _____

Dealer Information

Dealer Name: HayWolfe Enterprises LLC
Dealer Phone: 973-551-5477 Dealer Email: mark@hcspos.com

Credit Release Authorization

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to HayWolfe Enterprises LLC. or its assignee, authorizing review of his or her personal credit bureau and authorizing applicant's bank and credit references to release credit information on applicant.

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

HayWolfe Enterprises LLC email: mark@hcspos.com
PO Box 24 scan/text: 855-512-6369
Sussex, NJ 07461
973-551-5477