

Internet Change of Company Information Form

It is required by the repositories that you provide to us your updated Mortgage Brokers License and a copy of the Lease Agreement showing the updated information for any name or address changes. If you have an address change, IT IS ALSO REQUIRED by the repositories that an onsite inspection from an outside vendor be completed. Each time you move your business to a different location, this will be required. The fee for this service is \$80.00. Payment may be made by either Credit Card or ACH.—See forms attached. Please contact our office if you have questions.

I have signed an Addendum to Agreement for Internet Service with Credit Link. I am requesting the following changes to the initial information provided to Credit Link be changed to the following. I acknowledge that it is my responsibility to contact Credit Link of any changes to my physical mailing address and also my electronic mailing address, so that I will receive billing, updates, and pertinent information regarding the Secured Web-Site from Credit Link, LLC.

Customer Account INT (Required)
Company Name Change - (Requires A New Service Contract, Please Contact Your Sales Rep)
Physical Address Change - (Must Include Required Documents)
New Address is:
City
State / Zip
Billing Address Change - (No Required Documents Necessary, only this form)
New Address is :
City
State / Zip
Phone Number Office Number () FAX Number ()
☐ Company e-mail Address E-Mail Address:@
Signed by Authorized Officer:
Printed Name :
Title: Dated:

To process your request please fax the following:

This Request form, the Onsite Signature form, copy of the Mortgage Brokers License, copy of the Lease Agreement and Payment form

FAX TO: 630-657-1800



29W110 Butterfield Rd. Suite 105 Warrenville, IL 60555 Phone: (630) 873-2200

Fax: (630) 657-1800

DEAR VALUED CLIENT:

EFFECTIVE 11/01/05, EXPERIAN & EQUIFAX REQUIRES THAT ALL COMPANIES MUST HAVE AN ON-SITE INSPECTION BY ONE OF THEIR APPROVED VENDORS.

WE HAVE CONTRACTED WITH THE LESS EXPENSIVE OF THE TWO.

THE FEE FOR THIS SERVICE IS \$80.00. SEE DETAILS BELOW.

ONCE WE RECEIVE THE FEE, WE WILL INFORM THE INSPECTION COMPANY, CRM GLOBAL TO SCHEDULE AN ON-SITE INSPECTION WITH YOUR OFFICE. THE INSPECTION WILL ENTAIL PICTURES OF YOUR OFFICE AS WELL AS A QUESTIONNAIRE THAT THE INSPECTOR WILL BE REQUIRED TO FILL IN.

IF YOUR COMPANY MOVES TO A DIFFERENT LOCATION: IT IS REQUIRED BY THE BUREAU'S TO PROVIDE TO US YOUR UPDATED MORTGAGE BROKERS LICENSE AND LEASE AGREEMENT SHOWING THE UPDATED INFORMATION FOR COMPANY NAME OR ADDRESS CHANGES. IF YOU HAVE AN ADDRESS CHANGE, IT IS REQUIRED BY THE BUREAUS THAT AN ONSITE INSPECTION BE COMPLETED. EACH TIME YOU MOVE YOUR BUSINESS TO A DIFFERENT LOCATION, THIS WILL BE REQUIRED. YOU ARE REQUIRED TO NOTIFY OUR OFFICE IF YOUR COMPANY CHANGES LOCATION. THE \$80.00 ONSITE INSPECTION FEE WILL APPLY.

WE APOLOGIZE FOR THIS INCONVENIENCE. THIS IS NOT OPTIONAL; IT IS A REQUIREMENT BY THE BUREAU'S EXPERIAN & EQUIFAX.

I ACCKNOWLEDGE CREDIT LINK, LLC WILL BE CHARGING THIS FEE TO MY COMPANY WHICH IS PAYABLE VIA CREDIT CARD OR ACH FORM (SEE ATTACHED FORM). I AGREE TO BE RESPONSIBLE FOR THIS PAYMENT.

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I WOULD LIKE TO M	IAKE THIS PAYM	ENT FOR ONS	ITE FEE VIA:	
□ CREDIT CARD	•		FROM YOUR ACC unds to clear with ACH	OUNT)
AUTHORIZED REPRESENTI	TIVE SIGNATURE		DATE	











I hereby authorize Credit Link, LLC to charge the credit card listed below for payment of fees that are incurred by the customer account listed below. I certify that I am authorized to sign this form and owner of credit card listed below.

Company Name			
Customer ID INT			
Credit Card Type: VISA ()	MasterCard ()	American() Express	Discover ()
Name on Card:			
Billing Address for Card:			· · · · · · · · · · · · · · · · · · ·
Credit Card Number			
Expiration Date/	VID Code**		
Customer Signature			

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Credit Link, LLC will keep all information entered on this form strictly confidential

** Most credit cards display the code on the back of the card, just above the signature and at the end of the regular account number. American Express displays a 4-digit Card V2 Security Code on the front of the card, above the account number and to the right.

F	Off:	11	0	_
For	Office	Use	Only	:

DATE: AMOUNT: \$80.00 FOR ONSITE INSPECTION APPROVAL CODE:



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

\$80.00 FOR ONSITE INSPECTION

NAME BRANCH	COMPANY NAME		
BRANCH CITY STATE ZIP ACCOUNT TYPE: Checking Savings ROUTING NUMBER ACCOUNT NUMBER This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. If I change banks or bank accounts, I am fully responsible for immediately notifying COMPANY of the change. NAME Credit Link ID INT PLEASE PRINT SIGNATURE Credit Link ID INT	to initiate, if necessary, credit entries Savings account (select one) indicat DEPOSITORY, to debit and/or cred	es and adjustments for any debit entries in ted below at the depository named below dit the same to such account. Terms of the	n error to my (our) Checking or v, hereinafter called
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	NAMEPLEASE PRINT	Credit Link ID INT	
TITLE DATED	SIGNATURE		
	TITLE	DATED	

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1. PLEASE FAX WITH THIS FORM A <u>VOIDED CHECK</u> REFERENCING ABOVE ACCOUNT NUMBER. Return Fax To 630-657-1800

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2. PLEASE <u>SEND ORIGINAL</u> SIGNED FORM TO OUR OFFICE WITHIN 5 BUSINESS DAYS.

Mail Original to:
Credit Link, LLC
29 W 110 Butterfield Road Suite #105
Warrenville, IL 60555
Attn: Accounting Department