



EXHIBIT E

COMPANY DATA SHEET & CREDIT APPLICATION

A Copy of this Company Data Sheet and Credit Application can also be found at <https://advocatemeters.com/wholesale-policies>.

Attn: PSI Credit Department

THE FOLLOWING INFORMATION IS SUBMITTED BY COMPANY AS A BASIS FOR EXTENSION OF CREDIT TO COMPANY BY PSI.

Please complete this form by legibly printing or typing in the highlighted fields. Use additional sheets if necessary.

GENERAL INFORMATION:

1. Legal Name of Company: _____

2. Doing Business As (DBA): _____

3. Company Address: _____

City: _____ State: _____ Zip: _____

Tel No: _____ E-mail: _____

Fax No: _____ Website: _____

4. Mailing Address: _____

City: _____ State: _____ Zip: _____

5. Billing Address: _____

City: _____ State: _____ Zip: _____

6. Accounts Payable Contact Name: _____

Tel No: _____ E-mail: _____

7. Years in Business: _____ Years at Present Location: _____

FEIN: _____ DUNS: _____ BBB Member

Corporation LLC Sole Proprietorship

Partnership Other (Specify) _____

Organized in State: _____

8. List all offices and affiliate addresses below:

Company Name: _____

9. Key Personnel – List Officers, Members, Partners, Proprietor (as applicable):

Name: _____ Title: _____ SSN: _____

Name: _____ Title: _____ SSN: _____

10. List name and title of Officers and Employee(s) that can sign contracts or authorize purchase orders/work orders on behalf of the Company:

Name: _____ Title: _____

Name: _____ Title: _____

11. Expected Average Monthly Credit Requirement: _____

CREDIT REFERENCES: (Please provide at least one bank reference and two trade references.)

1. Commercial Bank References.

Name of Bank: _____ Telephone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Account No: _____ Loan Experience: Yes No

Name of Bank Officer to Contact: _____

Name of Bank: _____ Telephone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Account No: _____ Loan Experience: Yes No

Name of Bank Officer to Contact: _____

2. Trade References.

Company: _____ Telephone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

How Long Have You Been Doing Business With This Company? _____

Company: _____ Telephone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

How Long Have You Been Doing Business With This Company? _____

**IMPORTANT INFORMATION AND
SIGNATURE FOLLOW ON NEXT PAGE.**

Company Name: _____

AUTHORIZATION FOR COLLECTION AND RELEASE OF INFORMATION

For purposes of securing credit from PSI, the undersigned, on behalf of the Company applying for credit, and any of its Affiliates or subsidiaries, certifies that the above information is true and complete. The undersigned authorizes PSI, or any credit bureau or other investigative agency employed by PSI, to obtain such information as PSI may, in its sole discretion, require regarding the Company's banking and credit history. Such authorization includes updating such information from time-to-time as PSI deems necessary. PSI may also, at any time in its sole discretion, sell, transfer, or assign any credit secured from PSI and any or all servicing rights with respect to such credit. The undersigned or the Company further agrees to notify PSI should the Company, or any other person named contained in this credit application files for bankruptcy or other protection under the federal or state law.

The undersigned consents and specifically authorizes PSI, as PSI may deem necessary or desirable, to forward any documentation and information which PSI now has or may later acquire in connection with any transaction between the undersigned and PSI to any potential investor, rating agency, and any other party involved in the sale, transfer, assignment, securitization, or participation transaction involving any credit granted to the undersigned.

PSI may receive from and disclose to other persons, including credit reporting agencies, financial information about the Company's credit experience and the undersigned authorizes any person to release to PSI financial information about the Company or other information contained in this credit application. The undersigned agrees that a credit report bearing on the Company's, or other person's information contained in this credit application, credit worthiness, credit standing capacity, character, general reputation, personal characterization, or way of living may be requested in connection with this credit application and any future requests for credit. Upon request from the undersigned, or other authorized person of the Company, PSI will advise the applicable person, whether a credit report was requested and if such a report was requested, PSI will inform the applicable person of the name and address of the credit reporting agency that furnished the report.

The undersigned agrees that PSI, its Affiliates, agents, service providers may monitor and record telephone calls regarding the Company's account to assure the quality of services or for other reasons. The undersigned also expressly consents and agrees to PSI, its affiliates, agents, service providers using written, electronic, or verbal means to contact the Company. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails, and/or automatic telephone dialing systems. The undersigned agrees that PSI, its Affiliates, agents, service providers may do so using any e-mail address or any telephone numbers the undersigned or the Company provides, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether the undersigned or the Company may incur charges as a result.

This credit application is governed by the laws of the State of Florida and any dispute will be heard in the federal or state courts located in West Palm Beach (Palm Beach County), Florida.

Name of Company

Date

By: _____

Name: _____

Title: _____