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BUSINESS INFORMATION

Business Name:	Lila Montgomery
DBA:	28-Jun-1976
Address:	Nulla incidunt amet City : Ipsa dolor sunt exc State : Dolor maiores earum Zip : 34315
Telephone:	8801822252198
Fax #:	9836589855
Federal Tax ID:	Quia itaque quae qui
Date Business Started:	4th October 2008
Length of Ownership: % :	6
Website: % :	https://www.debyzufubysir.me
Type of Entity (circle one): % :	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Other
Email:	qocy@mailinator.com
Type of Business (circle all that apply) :	Retail MO/TO Wholesale Restaurant Supermarket Service Other
Product/Service Sold :	Ad voluptatum offici

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:	Tasha Lancaster
Title:	Quasi rerum aut sed
Ownership %:	81

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MERCHANT/OWNER INFORMATION	
Home Address :	Ad est sed et tenet City : Error veniam commod State : Quae reprehenderit Zip : 42107
SSN:	Explicabo Aut nulla
Date of Birth :	5th July 2009
Home # :	Nulla soluta aut eum
Cell # :	6525685954585


PARTNER /OWNER INFORMATION	
Corporate Officer/Owner Name:	Pascale Huffman
Title:	Ipsa sint quam dui
Ownership %:	36
Home Address :	Repudiandae dolor no City : Et et deserunt nihil State : Voluptatem proident Zip : 76558
SSN:	Et fugit consequat
Date of Birth :	11th November 1996
Home # :	Enim assumenda anim
Cell # :	25323223223

BUSINESS PROPERTY INFORMATION	
Credit Card Processing:	Accusantium explicab
Number of Terminals:	525

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OTHER INFORMATION	
Avg. Monthly Credit Card Volume:	4
Avg. Monthly Gross Sales Volume :	5
Requested Advance Amount:	Sit sit omnis corpo
Do you Accept (Please circle all that apply) :	Visa/MasterCard Amex Discover Debit EBT
Prior/Current Cash Advance Company (if applicable) :	Stone and Eaton LLC
Balance :	Autem id sed quia a
Underwriter Use Only :	Deserunt numquam vit
<p>Applicant authorizes each of the above listed business and business owner/officer (individually and collectively, "Applicant") certify that the Applicant is an owner of the above-named business and that all information provided in the application is true and accurate. Applicant shall Immediately notify Onvision Capital of any change in such information or financial condition. Applicant authorizes Onvision Capital share this application with each of its representatives, successors, assigns and designees ("Assignees") or any other parties that may be Involved with the extension of credit pursuant to this application Including those who offer commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"). Applicant further authorizes Onvision Capital and all Assignees to request and receive any third-party consumer or personal, business and investigative reports and other information about Applicant, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian, and Equifax, and from other credit bureaus, banks, creditors and other third parties. Applicant authorizes Onvision Capital to transmit this form, along with any other foregoing information obtained in connection with this application, to any or all of the Assignees for the foregoing purpose. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Onvision Capital and to each of the Assignees, on its own behalf. Applicant waives and releases any claims against Recipients and any information providers arising from any act or omission relating to the requesting, receiving or release of the information obtained in connection with this application</p>	
 <hr/> Applicant's Signature	19th November 2018

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OTHER INFORMATION	
 <hr/>	19th May 2001
2nd Applicant's Signature	