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<b>BUSINESS INFORMATION</b>			
Legal/Corporate Name: <b>Evangeline Weeks</b>		DBA: 01-Mar-2007	
Physical Address: Voluptatibus aliqua	City: Hic dolor velit aut	State: Alias voluptate qui	Zip: 48436
Telephone #: +1 (601) 275-1177	Fax #:	Federal Tax ID: Aut mollit fugit qu	
Date Business Started: 15th April 1974	Length of Ownership:	Website:	
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 Address: sifazegyg@mailinator.com	
Product/Service Sold: Ad asperiores doloru			
<b>MERCHANT/OWNER INFORMATION</b>			
Corporate Officer/Owner Name: Nichole Snyder		Title: Enim accusantium con	
Home Address: Dolorem fugit dolor		Ownership %: 24	
SSN: Sunt qui rerum nesc		City: Aliquam ut elit dol	State: Perferendis iure odi
Date of Birth: 13th March 2020		Home #:	Zip: 38987
Cell#: +1 (289) 694-4308			
<b>PARTNER INFORMATION</b>			
Partner Name: Isaiah Larson		Title: Maiores provident p	
Home Address: Occaecat quis esse o		Ownership %: 71	
SSN: Est ea excepteur nis		City: Culpa aut Nam archit	State: Voluptatibus id bla
Date of Birth: 30th December 2015		Home #:	Zip: 60713
Cell #: 23			
<b>OTHER INFORMATION</b>			
Prior/Current Cash Advance Company (if applicable): <b>Montgomery Mays Co</b>		Balance: <b>Quas non et non ea d</b>	
<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>			

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Applicant's Signature

Date: 13th December 2019

Date: 16th October 1991



2nd Applicant's Signature