

Business Legal Name: <u>Transaction Corp</u>		Doing Business As: <u>Kosmos CRM</u>	
Legal Entity: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship		Federal Tax ID: <u>45-2428195</u>	
State Of Business Registration: <u>NV</u>		Company Website: <u>www.kosmoscrm.com</u>	
Business Phone: <u>866-866-9276</u>		Business Fax:	
Email Address: <u>mbrooks@transactioncorp.com</u>		Business Start Date:	
Physical Address: <u>5275 S. Zimern Ave. Ste 200-630</u>		City: <u>Las Vegas</u>	State: <u>NV</u> Zip: <u>89123</u>
Mailing Address:		City:	State: Zip:
<b>Owner / Principal Information</b>			
Full Legal Name Owner 1: <u>Michael Brooks</u>		% of Ownership: <u>100</u>	
Home Address: <u>29704 SE 32nd Circle</u>		City: <u>Washougal</u>	State: <u>WA</u> Zip: <u>98671</u>
Email Address: <u>mbrooks@transactioncorp.com</u>		Cell Phone: <u>360-521-3323</u>	
Date of Birth: <u>07-26-1978</u>		Social Security #: <u>573-87-9527</u>	
<b>2nd Owner / Principal Information</b>			
Full Legal Name Owner 2:		% of Ownership:	
Home Address:		City:	State: Zip:
Email:		Mobile:	
Date of Birth:		Social Security #:	
<b>Business Information</b>			
Business Description:			
<input type="checkbox"/> Rent <input checked="" type="checkbox"/> Mortgage/Owned		Open Bankruptcy?	
Monthly Rent or Mortgage Payment: <u>\$2700</u>			
Landlord Contact Info (Name/Number):			
<b>Funding Information</b>			
What is the Capital being requested for? <u>growth capital</u>			
Visa/MasterCard Monthly Volume: <u>\$0</u>		Total Monthly Sales (All Forms of Revenue): <u>\$2MM</u>	
Gross Annual Sales (Previous Year's Tax Return): <u>\$24MM</u>			
Prior / Current Working Capital / Funding (if applicable):			
Previous Month Business Deposits:	2 Months Ago Business Deposits:	3 Months Ago Business Deposits:	4 Months Ago Business Deposits:
Previous Month # Neg. Days:	2 Months Ago # Neg. Days:	3 Months Ago # Neg. Days:	4 Months Ago # Neg. Days:
<p>By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize "Proline Capital" ("PC") each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, 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 or other third parties. You also authorize PC to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to PC and to each of the Recipients, on its own behalf.</p>			
Applicant's Signature: <u>[Signature]</u> Date: <u>4/26/2017</u>		Co-Applicant's Signature: _____ Date: _____	