

BUSINESS INFORMATION	T				TRA	ANSFAC CAPITAL	
Business Name and DBA (if any)			Type of Business:				
L3 RESOURCES			Sole Proprietor Partnership QLLC OS-Corp OC-Corp				
	Federal Tax ID 135 87 3559		State Tax ID			State TX	
Office Number C 832 - 280-5085	ell Number		Email into @ L3RESOURCES.COM			Fax 832 - 916-327	
Address 5702 BRAESHEATHER DR.			City, State, Zip HOUSTON, TX 77096				
Mailing Address 1113 VINE STREET # 121			City, State, Zip HOUSTON, Tx 77002				
SALES INFORMATION							
	um Funda Naadad	Ara any cole	n. Drograng D	illing?	What again	unting software does	
Monthly Business Revenue Maximum Funds Needed Are (\$) 2 100,000 Are		Are any said	any sales: Progress Billing? Retention Billing? Consigned Billing? What accounting software does your company use?			any use?	
OWNER(S) (If there are additional owners, please include those on a separate sheet.)							
	mers, piease include those on		eei.)			0/ of Ormanskin	
Full Name of Owner 1 LUIS A SOTO TIT		P	Title PRESIDENT			% of Ownership	
Home Address 5618 McKnight St			State, Zip HOUSTON , TK 7703		035	SSN 456-81-5874	
Full Name of Owner 2 SAMSON ODHIAMBO			itle VICE - PRESIVENT			% of Ownership 44	
Home Address 2420 Mc Duffle , APT #1			State, Zip TON, Tx 77019		SSN 643-30-6515		
ITEMS REQUIRED TO COMPLETE THE DUE DILIGENCE AND APPROVE FUNDING:							
☐ Articles of Organization ☐ Customer List ☐ Copy of Owner(s) Drivers License(s) ☐ Copy of Invoice and Supp		upport Docum	nentation	☐ Last 3 months of Bank Statements OR ✓ I will use DecisionLogic			
□ W-9 □ Accounts Receivable Agir				For Transportation Companies:			
☐ Copy of General Liability Insurance ☐ Copy of a voided check ☐ Accounts Payable Aging				☐ Copy of Liability & Cargo Insurance Certificate			
	Accounts rayable Aging		☐ Copy of Operating Autho			ority or MC #	
By executing this application, you certify to the following: (i) you are authorized to apply on behalf of the company whose full legal name appears above, (ii) all information you provide in this application and in the documents, schedule, reports, statements, and/or other information provided to Transfac are full, true, correct, and complete on the date(s) thereof. You understand & agree that Transfac is authorized to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that Transfac deems necessary and appropriate; that Transfac is authorized to execute in the name of the applicant(s) and file against the applicant(s) in favor of Transfac, financing statements with respect to the assets; and that Transfac is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by Transfac as part of its investigation and review of this application, applicant(s), or applicants' business. To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who cashes checks, wire funds or engages in other financial services regardless of any prior relationship such person may have had with us. This verification may include obtaining a copy of the applicant's corporate or LLC documentation, drivers license or other identification of the applicant's principals or verifying information through credit bureaus, public databases or any other sources. Please be aware that an electronic signature is as legally binding as a handwritten signature.							
OWNER(S) OF THE COMPANY MUST SIGN THIS APPLICATION.							
SIGNATURE OF OWNER 1:	PL			DAT	E:	26/17	
J. J		-		DAI	~/	1/17	
SIGNATURE OF OWNER 2:	1			DAT	E: 5/2	26/1/	

EMAIL COMPLETED APPLICATION TO: LSOTO @ L3 RESOURCES COM

LHNGWEN @ LS RESOURCES. COM Corporate: 257 East 200 South, Suite 350 • Salt Lake City, UT 84111 • (800) 458-6056 • Fax (801) 575-6508