

DBA Name	Duval Consulting Group, LLC	Legal Name	Duval Consulting, Group, LLC	
Type of Business	University Consulting	Tax ID	27-0539847	LLC
Full Business Address	PMB 303, 4725 Dorsey Hall Dr., suite A			
Full Billing Address				
Phone at Location	(410) 740-6660	Best Phone	(443) 562-5132	Fax
Business Email	ron@duvallgroup.com	Website	www.duvallgroup.com	
Years In Business	10	Average Ticket		Gross Annual Sales 260,000.00
Do you currently have cash advance?	Yes	With who?	Kabbage, Fundbox	Balance \$8,000
Current Credit Card Processor		Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.
				# of Tickets
3rd Month Vol.		# of Tickets		4th Month Vol.
				# of Tickets

Owner #1 Name	Ron Duval	Title	President
Date of Birth	06-23-1948	SSN	red-38-3779
Full Home Address	6034 Camelback Ln, Columbia, MD 21045		
Home Phone	(443) 562-5132	Cell Phone	(443) 562-5132
Email	ron@duvallgroup.com		
Own/Rent	\$ 0 Own	Years There	36 years
Drivers Lience #	d-140-744-189-480	State	Maryland
Owner #2 Name		Title	
Date of Birth		SSN	
Full Home Address			
Home Phone		Cell Phone	
Email			
Own/Rent	\$	Years There	
Drivers Lience #		State	

Business Home Based?	Yes	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.		Contact			
Contact Phone		Cell		Email	

Bank Name/Branch	Contact	Phone
Trade Reference#1	Contact	Phone
Trade Reference#2	Contact	Phone
Trade Reference#3	Contact	Phone

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Money Works Direct, Inc. to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate. By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Money Works Direct and 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 transaction, including without limitation the application therefor (collectively, "Transaction") 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 and other third parties. You also authorize Money Works Direct 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 Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Ron Duval	Date	04/25/2019
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