

DBA Name		none			Lonal	l Name	Duet Insurance	Group Inc	
Type of Business		insurance agency/tax preparation			_Legal Name Tax ID		Duet Insurance Group Inc - 201355566		Corp
		5906 W Lawren				טו	201333300		согр
Full Business Address	:55	3900 W Lawrer	ice Ave Cili	cago il 6063	50				
Full Billing Address Phone at Location		(772) 60E E73	7		Post	+ Dhana (772)	707 7177	Fav	(772) 605 5720
		(773) 685-573			_		787-7177	Fax	(773) 685-5730
Business Email		ania.m@duets			_	Website	www.commerc		
Years In Business		14		e Ticket			Gross Annual S	-	0,000.00
Do you currently h	ave cash	advance?	No	With who	o?			Baland	ce
Current Credit Card	d Processo	or				Average	Processing Volu	me -	
Last Month Vol.		#of 7	ickets		_ 2n	nd Month Vol.		#of Tic	kets
3rd Month Vol.		#of 7	ickets		_ 4t	h Month Vol.		#of Tic	kets
Owner #1 Name	Anna Mos	skal		Т	itle	President			
Date of Birth	01211980				SSN	339-74-655	55		
Full Home Address	349 S Ed	gewood wood dal	e il 60191						
Home Phone	(773) 685	5-5737 Ce	ell Phone	(773) 78	37-7177	7 Email	ania.m@	duetservice	s.com
Own/Rent	\$ <u>0 Ren</u>	t Y	ears There	14	Drive	ers Lience # Mi	24004080621	State	<u>IL</u>
Owner #2 Name				ī	itle				
Date of Birth					SSN				
Full Home Address									
Home Phone		Ce	ell Phone			Email			
Own/Rent	\$	Y	ears There	_	Drive	ers Lience #		State	
Business Home Bas	sed?	No Locat	on: Lease/	Own <u>Leas</u>	sed	Lease Tern	n	Monthly	y Rent
Landlord / Mortgag	e Co				_	Conta	ct _		
Contact Phone				Cell			Email		
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			Cont	act			Phone		
Trade Reference#2			 Cont	act			Phone		
Trade Reference#3			 Cont	act			Phone		
I hereby represent that all	the above in	formation is true an	d understand t	hat making false	statem	ents might be cons	sidered fraud. By prov	viding the abov	ve information, the applicant(s)

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 pertinet 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 aboe listed business and business ownet/officer (individually and collectiverly, "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 transcation, including without limitation the application therefor (collectively, "Transcation") 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	Anna Moskal	Date	07/12/2018