

DBA Name	Same		Legal Nam	ne	Affinity Integra	ited Solutions, Inc.	
Type of Business Alarm Systems			Tax ID		471070523		Corp
Full Business Addre	ess <u>115 Pomona Driv</u>	e Greensboro,	NC 27407				
Full Billing Address							
Phone at Location	t Location (336) 441-1121		Best Phone (336)		790-3830	Fax	
Business Email	michael@aisnation.com		Webs	site	www.aisnation.com		
Years In Business	3	Average Tick	et		Gross Annual S	ales <u>3,900,000.00</u>	
Do you currently h	ave cash advance?	Yes Wi	ith who? Dealstuck	k		Balance <u>135,000.0</u>	0
Current Credit Card Processor			Average		Processing Volume		
Last Month Vol.	#of Tic	kets	2nd Mo	nth Vol.		#of Tickets	
3rd Month Vol.	#of Tic	kets	4th Moi	nth Vol.		#of Tickets	
Owner #1 Name	Michael OByrne		Title (	CEO			
Date of Birth	04141969		_	240-45-670	0		
Full Home Address	8246 Ipswich Ct.		_				
Home Phone		Phone	E	Email	michael	@aisnation.com	
Own/Rent	\$ <u>0 Own</u> Year	rs There 5	Drivers Lie	nce # <u>32</u>	64474	State NC	
Owner #2 Name	Eric Bouvet		Title F	President			
Date of Birth			SSN 2	220-98-909	0		
Full Home Address	5105 Mill Staff Drive Oak Ride						
Home Phone	<u> </u>	Phone —		Email	eric@ais	snation.com	
Own/Rent	\$ Own Year	rs There 5	Drivers Lie	nce #		State	
Business Home Bas	sed? <u>No</u> Location	n: Lease/Own	Leased Le	ease Term	1	Monthly Rent	
Landlord / Mortgag	e Co. 115 Pomona			Contac	:t <u>!</u>	Lynn Gibbs	
Contact Phone	(336) 856-0815	_ Cell	(336) 908-	-3374	_ Email		
Bank Name/Branch	BB&T	Contact	Worth Brooks		Phone	(336) 433-4279	
Trade Reference#1	ADI	 Contact	Andrea Nunez		Phone	(800) 545-6776	
Trade Reference#2	Tri-Ed	 Contact	Steve Tebou		Phone	(704) 523-8855	
Trade Reference#3	eDist	Contact	Jeff Gratz		Phone	(888) 333-8004	

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	Michael OByrne	Date	04/18/2017
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