

Type of Business	DBA Name	ame STOCK4LESS.0		СОМ	Le	gal Name	ALSANGEST INTERNATIONAL, LLC		
Proper at Location	Type of Business		ONLINE ECOMMERCE			ax ID	412262951		Corp
Phone at Location	Full Business Addre	ss 1	8107 SHERMA	N WAY, SUITE 2	201				
Business Email   Info@stock4less.com	Full Billing Address	_							
Years In Business         9         Average Ticket         Gross Annual Sales         \$12,000.00           Do you currently have cash advance?         Yes         With who? CREDIBLY         Balance 25000           Current Credit Card Processor         Average Processing Volume         ————————————————————————————————————	Phone at Location (877) 906-8687		7	В	est Phone (310	) 447-4972	Fax	(877) 906-8687	
Do you currently have cash advance?         Yes         With who? CREDIBLY         Balance 25000           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         GENTILLE Gohoho         Title         President           Date of Birth         1,007/1984         SSN         000-00-0000           Full Home Address         5437 Newcastle Ave         Full Home Address         Gabl Verses There         4         Drivers Lience # D9356127         State         CA           Own/Rent         \$ 0 Rent         Years There         4         Drivers Lience # D9356127         State         CA           Own/Rent         \$ 0 Rent         Years There         \$ 5SN         Email         90356127         State         CA           Own/Rent         \$ 1 Years There         \$ 5SN         Email         \$ 5SN         \$ 5SN <td< td=""><td>Business Email</td><td colspan="2">il info@stock4less.d</td><td>ss.com</td><td></td><td>Website</td><td colspan="3">www.stock4less.com</td></td<>	Business Email	il info@stock4less.d		ss.com		Website	www.stock4less.com		
Current Credit Card 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 Date of Birth 10/07/1984         SSN 000-00-0000           Full Home Address         5437 Newcastle Ave         Full Home Address           Home Phone 1310 447-4972         Cell Phone 142 (310) 447-4972         Email 143 (390) 490-000 (390)	Years In Business	9	)	Average Tic	Ticket		Gross Annual Sales 512,000.00		12,000.00
Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           Owner #1 Name         GENTILLE Gohoho         Title         President           Date of Birth         10/07/1984         SSN         000-00-0000           Full Home Address         5437 Newcastle Ave         Home Phone         (310) 447-4972         Cell Phone         (310) 447-4972         Email         ggohoho@gmail.com           Own/Rent         \$ 0 Rent         Years There         4         Drivers Lience # D9356127         State         CA           Owner #2 Name         Title         SSN         SSN         CA         SSN           Full Home Address         Home Phone         SSN         SSN         SSN         CA           Own/Rent         \$ 1 Years There         Drivers Lience # Drivers Lience # State         State         State         CM           Business Home Based?         No Location: Lease/Own Leased Lease Term Monthly Rent         Monthly Rent         Contact Tender         Email         Monthly Rent         Email         Email <td>Do you currently ha</td> <td>ave cash ac</td> <td>dvance?</td> <td>Yes V</td> <td>Vith who? C</td> <td>REDIBLY</td> <td></td> <td>Balan</td> <td>ce <u>25000</u></td>	Do you currently ha	ave cash ac	dvance?	Yes V	Vith who? C	REDIBLY		Balan	ce <u>25000</u>
Owner #1 Name         GENTILLE Gohoho         Title         President           Date of Birth         10/07/1984         SSN         000-00000           Full Home Address         5437 Newcastle Ave         Full Home Address         5437 Newcastle Ave           Home Phone         (310) 447-4972         Cell Phone         (310) 447-4972         Email         ggohoho@gmail.com           Own/Rent         \$ 0 Rent         Years There         4         Drivers Lience # D9356127         State         CA           Owner #2 Name         Title           Date of Birth         SSN         Email           Date of Birth         SSN         Email           Own/Rent         Years There         Drivers Lience # Drivers Lience # State           Business Home Based         No         Location: Lease/Own         Lease Term         Monthly Rent           Landlord / Mortgage Co.         COR ENTERPRISE         Contact           Contact Phone         Cell         Email           Bank Name/Branch         WELLS FARGO BANK         Contact         GABI         Phone           Trade Reference#1         Contact         Phone <td colspan="9">Current Credit Card Processor Average Processing Volume</td>	Current Credit Card Processor Average Processing Volume								
Owner #1 Name       GENTILLE Gohoho       Title       President         Date of Birth       10/07/1984       SSN       000-00-0000       Own-00-0000         Full Home Address       5437 Newcastle Ave       Email       ggohoho@gmail.com         Own/Rent       \$ 0 Rent       Years There       4       Drivers Lience # D9356127       State       CA         Own/Rent       SSN         Full Home Address         Home Phone       Cell Phone       Email         Own/Rent       Years There       Drivers Lience #       State         Business Home Based?       No       Location: Lease/Own       Leased       Lease Term       Monthly Rent         Landlord / Mortgage       Co.       COR ENTERPRISE       Contact         Contact Phone       Cell       Email         Bank Name/Branch       WELLS FARGO BANK       Contact       GABI       Phone         Trade Reference#1       CWR ELECTRONICS       Contact       JILL       Phone	Last Month Vol.		#of Ti	ickets		2nd Month Vol.		#of Tid	ckets
Date of Birth         10/07/1984         SSN         000-0-0000           Full Home Address         5437 Newcastle Ave         Full Home Address           Home Phone         (310) 447-4972         Cell Phone         (310) 447-4972         Email         ggohoho@gmail.com           Owner #2 Name         Title         SSN         Full Home Address           Home Phone         Cell Phone         Email         SSN           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Baser?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage Co.         COR ENTERPRISE         Cell         Email           Bank Name/Branch         WELLS FARGO BANK         Contact         GABI         Phone           Trade Reference#1         CWR ELECTRONICS         Contact         JILL         Phone	3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tid	ckets
Date of Birth         10/07/1984         SSN         000-0-0000           Full Home Address         5437 Newcastle Ave         Full Home Address           Home Phone         (310) 447-4972         Cell Phone         (310) 447-4972         Email         ggohoho@gmail.com           Owner #2 Name         Title         SSN         Full Home Address           Home Phone         Cell Phone         Email         SSN           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Baser?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage Co.         COR ENTERPRISE         Cell         Email           Bank Name/Branch         WELLS FARGO BANK         Contact         GABI         Phone           Trade Reference#1         CWR ELECTRONICS         Contact         JILL         Phone	Owner #1 Name	GENTILLE G	Gohoho		Title	President			
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Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience #  Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. COR ENTERPRISE Contact Contact Phone Cell Bank Name/Branch Trade Reference#1 CWR ELECTRONICS Contact  SSN  Email  Contact Contact Email  Phone  Fmail  Annual Contact Co	Own/Rent	\$ 0 Rent	Ye	ars There <u>4</u>	Dı	rivers Lience # D	9356127	State	CA
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Home Phone	Date of Birth				SSN				
Own/Rent     \$ Years There     Drivers Lience #     State       Business Home Based?     No Location: Lease/Own Leased Lease Term     Monthly Rent       Landlord / Mortgage Co.     COR ENTERPRISE     Contact       Contact Phone     Cell     Email       Bank Name/Branch     WELLS FARGO BANK     Contact     GABI     Phone       Trade Reference#1     CWR ELECTRONICS     Contact     JILL     Phone									
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Trade Reference#1 CWR ELECTRONICS Contact JILL Phone	Contact Phone			Cell	l		Emai	l	
	Bank Name/Branch	WELLS FA	ARGO BANK	Contact	GABI		Phone		
Trade Reference#2 TELEDYNAMICS Contact TAN Phone (800) 847-5629	Trade Reference#1	CWR ELE	CTRONICS	 Contact	JILL		 Phone		
That Reference 2 Telephyamies Contact TAN Thomas (000) 047 5025	Trade Reference#2	TELEDYN	AMICS	 Contact	TAN		— Phone	(800) 847	-5629
Trade Reference#3 EVERTEK Contact DANNY Phone (951) 252-8727	Trade Reference#3	EVERTEK		Contact	DANNY		Phone	(951) 252-	-8727

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	GENTILLE Gohoho	Date	02/08/2017
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