

Type of Business	DBA Name		IT			Le	gal Name	S	OUTECH INC			
Phone at Location	Type of Business		PROFESSIO	NAL CONSULT	ING	 Ta	ax ID	8:	1-2791444			Corp
Phone at Location	Full Business Addre	SS	2512 CARPE	ENTER ROAD				_				
No No No No No No No No	Full Billing Address	,										
Years In Business 0.5 Average Ticket Gross Annual Sales 250,000.00 Do you currently have cash advance? No With who? Balance 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 LAKSHMI S KOMPELLA Title PRESIDENT Date of Birth 05/05/1967 SSN 146-04-0788 Full Home Address 5836 Willow Ridge Drive Full Home Address S836 Willow Ridge Drive Home Phone (313) 971-7685 Cell Phone (313) 971-7685 Email SHRINLSOUTECH@gmail.com Own/Rent \$ 0 0wn Years There 10 Drivers Lience # K514488772396 State Michigan Owner #2 Name SSN Title SSN SSN State Michigan Owner #2 Name Cell Phone Email SSN State Michigan Business Home Based? No Location: Lease/Own Leased Lea	Phone at Location		(734) 999-	9001		B	Best Phone (7	34) 99	9-9001	Fax		
Do you currently have cash advance? No With who? Balance	Business Email		KOMPELLA	@SOUTECH-IN	C.CON	1	Website	S	OUTECH-INC	.СОМ		
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 Date of Birth Date of Birth Date of Birth Own/Rent LAKSHMI S KOMPELLA Title PRESIDENT Home Phone Phone (313) 971-7685 Cell Phone SSN 146-04-0788 SHRINLSOUTECH@gmail.com Own/Rent \$ 0 Own Years There 10 Drivers Lience # K514488772396 State Milchigan Owner #2 Name Date of Birth Full Home Address Home Phone SSN SSN SSN Full Home Address Home Bhone Own/Rent Cell Phone Drivers Lience # Drivers Lience # State State Business Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Based Now Date of Birth Full Home Address Home Base	Years In Business		0.5	Averag	e Tick	et		Gr	ross Annual S	ales	250,000.00	
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 4nd Tickets <td>Do you currently ha</td> <td>ive cash a</td> <td>advance?</td> <td>No</td> <td>Wi</td> <td>th who? _</td> <td></td> <td></td> <td></td> <td>Bal</td> <td>ance</td> <td></td>	Do you currently ha	ive cash a	advance?	No	Wi	th who? _				Bal	ance	
Month Vol.	Current Credit Card	Processo	ır				Avera	ge Pro	cessing Volu	me		
Owner #1 Name LAKSHMI S KOMPELLA Title PRESIDENT Date of Birth 05/05/1967 SSN 146-04-0788 Full Home Address 5836 Willow Ridge Drive S836 Willow Ridge Drive Home Phone (313) 971-7685 Cell Phone (313) 971-7685 Email SHRINI.SOUTECH@gmail.com Own/Rent \$ 0 Own Years There 10 Drivers Lience # K514488772396 State Michigan Owner #2 Name Title Title SSN Email State Michigan Date of Birth SSN Email State State Business Home Address No Location: Lease/Own Leased Lease Term Monthly Rent Business Home Based No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Contact Contact Phone Contact Phone Contact Phone Email Phone Ba	Last Month Vol.		#	of Tickets			2nd Month Vo	ol		#of	Tickets	
Date of Birth Display Display	3rd Month Vol.		#	of Tickets			4th Month Vo	l		#of	Tickets	
Full Home Address Home Phone (313) 971-7685 Cell Phone (313) 971-7685 Email SHRINI.SOUTECH@gmail.com	Owner #1 Name	LAKSHMI :	S KOMPELLA			Title	PRESID	ENT				
Home Phone (313) 971-7685 Cell Phone (313) 971-7685 Email SHRINI.SOUTECH@gmail.com Own/Rent \$ 0 Own Years There 10 Drivers Lience # K514488772396 State Michigan Owner #2 Name Title SSN Femail Femail Femail Femail State Down/Rent \$ Years There Drivers Lience # State Monthly Rent Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Cell Email Monthly Rent Bank Name/Branch BOA Contact YPSILANTI Phone Trade Reference#1 SID GLOBAL Contact RAJASHEKAR PUDI Phone (610) 764-8599 Trade Reference#2 MUKESH GUNTAKA Contact DECIPHER SOFTWARE SYSTEMS Phone (718) 607-4595	Date of Birth	05/05/196	57			SSN	146-04-	-0788				
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Trade Reference#2 MUKESH GUNTAKA Contact DECIPHER SOFTWARE SYSTEMS Phone (718) 607-4595	Bank Name/Branch	ВОА		Con	tact	YPSILAN	TI		Phone			
Trade Reference#2 MURESH GUNTAKA Contact SYSTEMS Phone (718) 607-4595	Trade Reference#1	SID GLC	BAL	Con	tact	RAJASHE	EKAR PUDI		Phone	(610) 7	764-8599	
Trade Reference#3 Contact Phone	Trade Reference#2	MUKESH	H GUNTAKA	Con	tact				Phone	(718) 6	607-4595	
	Trade Reference#3			Con	tact				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 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	LAKSHMI KOMPELLA	Date	11/28/2016
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