

DBA Name		Engineering-IT INC			Leg	al Name	Engineering-IT INC		
Type of Business		Consulting			Tax	: ID	25-2561933		Corp
Full Business Addre	ess	6080 Mayo	Street						
Full Billing Address									
Phone at Location		(786) 499-7068			Ве	est Phone		Fax	(954) 272-7929
Business Email		palaciojim@engineering-it.com			Website				
Years In Business		12	Average	e Ticket			Gross Annual Sa	ales <u>1</u>	19,000.00
Do you currently h	ave cash	advance?	Yes	With	who? SB	FS		Balan	ice <u>5,612</u>
Current Credit Card Processo		or				Average	Processing Volun	ne	
Last Month Vol.		#	of Tickets		2	2nd Month Vol.		#of Ti	ckets
3rd Month Vol.		#	of Tickets			4th Month Vol.		#of Ti	ckets
Owner #1 Name	Jim Palac	cio			Title	Owner			
Date of Birth	30-07-19	188			SSN	592-74-18	324		
Full Home Address	6080 Ma	yo Street							
Home Phone	(786) 499	9-7068	Cell Phone			Email	palaciojir	n@enginee	ering-it.com
Own/Rent	\$ <u>0 Owr</u>	n	Years There	10	Driv	vers Lience # <u>p</u>	420421882700	State	<u>Florida</u>
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There	-	Driv	vers Lience # _		_State	
Business Home Bas	sed?	Yes Lo	ocation: Lease/0	Own	Owned	Lease Ter	m	Month	ly Rent
Landlord / Mortgag	e Co. <u>N</u>	lew Rez				Conta	act _		
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 ir	nformation is tru	e and understand th	nat making	g false state	ments might be con	nsidered fraud. By prov	iding the abo	ove 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	Jim Palacio	Date	02/20/2020