

Type of Business	DBA Name		INTEGRIT	Y SECURI	TY SOLUTION	ONS. INC 1	egal N	lame	INTEGRIT	Y SECURITY	/ SOLU	TIONS INC	
Full Business Address Phone at Location (804) 592-9382 Best Phone Fax													Corp
Proper at Location		SS			R HAMPTON					<u>- </u>		•	ос. р
Phone at Location	Full Billing Address					,							
Years In Business 3 Average Ticket Gross Annual Sales 305,000.00 Do you currently have cash advance? Yes With who? ONDECK Balance 23000 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 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets Phone Nother Month Vol. #of Tickets #of Tickets <t< td=""><td>_</td><td colspan="3">(804) 592-9382</td><td colspan="3">Best Phone</td><td colspan="3">Fax</td><td></td><td></td></t<>	_	(804) 592-9382			Best Phone			Fax					
Do you currently have cash advance? Yes With who? ONDECK Balance 23000	Business Email	<u> </u>					Y.COM Website		WWW.ISSHOMSECURITY.COM)M	
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 MICHELLE BIRDSONG Title PRESIDENT Date of Birth Date of Birth Phone 11/24/1977 SSN 229-29-0260 Full Home Address 236 B DOCKSIDE DR HAMPTON, VA 23669 Email MICHELLE@ISSHOMESECURITY.COM Own/Rent § 0 Own Years There 3 Drivers Lience # State VA Own/Rent Sinch Phone Land Home Address Home Phone Cell Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Email Bank Name/Branch CAPITAL ONE FINANCIAL Contact Phone (844) 887-7275 Trade Reference#1 ALARMAX Contact BILL LEW Phone	Years In Business					cket		Gross Annual Sales 305,000.0			,000.00		
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Trade Reference#2 Contact Phone	Bank Name/Branch	CAPITAL	ONE FINA	ANCIAL	Contact				Phone	(844)	887-72	.75	
	Trade Reference#1	ALARMA	λX		Contact	BILL LE	N		– Phone	<u></u>			
	Trade Reference#2				Contact				– Phone	<u></u>			
Trade references 5	Trade Reference#3				Contact				– 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	MICHELLE BIRDSONG	Date	05/02/2017
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