

DBA Name	SYSTEM INTEGRATIONS		Legal Name	MJAMLP, INC dba SYSTEM INTEGRATIONS	
Type of Business	technology		Tax ID	81-2487079	Corp
Full Business Address	3465 LEE BLVD. STE. 211 EL PASO, TX 79936				
Full Billing Address					
Phone at Location	(915) 539-6499		Best Phone	(915) 539-6499	Fax
Business Email	MLAPORTE@SYSTEMINTEGRATIONSEP.COM		Website	SYSTEMINTEGRATIONSEP.COM	
Years In Business	14	Average Ticket		Gross Annual Sales	625,000.00
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	MICHAEL LA PORTE		Title	PRESIDENT	
Date of Birth	03081973		SSN	151-64-3538	
Full Home Address	6200 IMPALA EL PASO, TX 79924				
Home Phone	(915) 539-6499	Cell Phone		Email	MLAPORTE@SYSTEMINTEGRATIONSEP.COM
Own/Rent	\$ 0 Own	Years There	25	Drivers Lience #	06946078 State TX
Owner #2 Name			Title		
Date of Birth			SSN	--	
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$ Own	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	EL PASO BUSINESS PARK			Contact	MOLLY
Contact Phone	(915) 820-9998	Cell		Email	

Bank Name/Branch	WELL FARGO	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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 LA PORTE

Date

02/25/2020