Money Works Direct ADMINISTRATIVE FORM PLEASE Sales Rep: Dan	FAX TO:1.646.417.5809
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DBA Name		N/A			Name	Kompugard Inc.		
Type of Business		Wholesaler		Tax II)	95-4391359		Corp
Full Business Addre	ess	16657 Armint	a St.					
Full Billing Address								
Phone at Location	hone at Location (818) 786-9200		Best Phone			Fax		
Business Email					Website			
Years In Business		30	Average Tic	ket		Gross Annual Sale	es <u>10,000,000.00</u>	
Do you currently h	ave cash a	advance?	Yes V	Vith who? <u>Itria</u>			Balance <u>600,000</u>	
Current Credit Card	d Processo	or			Average	Processing Volume		
Last Month Vol.		#of	Tickets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets	4t	n Month Vol.		#of Tickets	
Owner #1 Name	Ariel Gold	lenstein		Title	Owner			
Date of Birth	12-06-19	65		SSN	555-55-55	5		
Full Home Address	16720 La	Maida St. Encin	o, CA 91436					
Home Phone	(818) 786	5-9200 C	Cell Phone		Email	ariel@kom	pugard.com	
Own/Rent	\$ <u>0 Own</u>	<u>'</u>	Years There	Drivers Lience #		State		_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address	_							
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Drive	rs Lience #		State	_
Business Home Bas	sed?	No Loca	tion: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co				Conta	ct		
Contact Phone	_		Cell	l		Email	-	
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			Contact			 Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true a	nd understand that ma	aking false statoms	ants might be con	idered fraud. By providi	ng the above information, the	annlicant(c)

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Ariel Goldenstein	Date	08/18/2016