

Tax ID	DBA Name	Pehcor Const	Rebcor Construction, Inc.		Legal Name		Rebcor Construction, Inc.			
Full Business Address			· · · · · · · · · · · · · · · · · · ·						Corp	
Phone at Location			or Sta 025 Potts				40-3100133			
Phone at Location Contact Con		55 <u>900 Heritage L</u>	71., Ste. 923, Fotts	SCOVII, FF	1 1 3 4 0 4					
Business Email Jfiles@rebcorconstruction.com Website Gross Annual Sales 11,000,000.00 Years In Business 5 Average Ticket Gross Annual Sales 11,000,000.00 Do you currently have cash advance? Yes With who? Forward Financing, CBSG/Par Financin	_	(610) 755-88	71		Best Phon	ne		Fax		
Do you currently have cash advance? Yes	Business Email	Jfiles@rebcor	construction.com							
Do you currently have cash advance? Yes With who? Forward Financing, CBSG/Par Funding, Fox Capital Balance \$126,000, \$54,000, \$73,000	Years In Business	5	Average Ticke	et _			Gross Annual S	ales 11,0	000,000.00	
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name John Files Title President Date of Birth 11/22/1967 SSN 207-50-1278 Full Home Address 16 Brookdale Dr., Royerford, PA 19468 Email jfiles@rebcorconstruction.com Home Phone (610) 755-8871 Cell Phone Email jfiles@rebcorconstruction.com Own/Rent \$ 0 Own Years There Drivers Lience # 21385180 State PA Owner #2 Name Title SSN SSN	Do you currently ha	ve cash advance?	Yes Wi	th who?	Forward Fi	inancing	, CBSG/Par	Balance	\$126,000, \$54,000,	
Sand Month Vol.	Current Credit Card	Processor				verage l	Processing Volu	me		
Owner #1 Name John Files Title President Date of Birth 11/22/1967 SSN 207-50-1278 Full Home Address 16 Brookdale Dr., Royerford, PA 19468 Home Phone Email jfiles@rebcorconstruction.com Own/Rent \$ 0 Own Years There Drivers Lience # 21385180 State PA Owner #2 Name Title Date of Birth SSN Full Home Address Home Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Phone Email	Last Month Vol.	#of ⁻	Tickets		2nd Mon	th Vol.		#of Ticke	ets	
Date of Birth 11/22/1967 SSN 207-50-1278	3rd Month Vol.	#of ⁻	Tickets		4th Mon	th Vol.		#of Ticke	ets	
Date of Birth 11/22/1967 SSN 207-50-1278	Owner #1 Name	John Eilos		T:+!	o Dr	rocidont				
Full Home Address 16 Brookdale Dr., Royerford, PA 19468							78			
Home Phone			rd, PA 19468	33.		- 30 127				
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Fmail Own/Rent State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Cell Contact Phone Cell Contact Contact Phone Trade Reference#1 Contact Phone	Home Phone	<u> </u>			Er	mail	jfiles@re	bcorconstruct	ion.com	
Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Contact Phone Trade Reference#1 Contact SSN Email Contact Phone Phone Phone	Own/Rent	\$ <u>0 Own</u> Y	ears There		Drivers Lien	ce # <u>21</u>	.385180	State	PA	
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Landlord / Mortgage Co. Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Own/Rent	\$ Y	ears There	!	Drivers Lien	ce #		State		
Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Business Home Bas	ed? No Locat	ion: Lease/Own	Lease	d Lea	ase Term	n	Monthly I	Rent	
Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Landlord / Mortgage	. Co.				Conta	ct _			
Trade Reference#1 Contact Phone	Contact Phone		Cell	_			_ Email			
	Bank Name/Branch		Contact				Phone			
	Trade Reference#1		Contact				Phone			
Trade Reference#2 Contact Phone	Trade Reference#2		Contact				Phone			
Trade Reference#3 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 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	John Files	Date	12/16/2019
Signature # 1	Timicea Marrie	John Files	Date	12/10/2015