	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
--	--

DBA Name		NA		Lea	Legal Name EAS		ST ROCK RESOURCE GROUP LLC		
Type of Business		IMPORT/EXPORT		 Tax		46-50358690		LLC	
Full Business Addres	SS	-	RNDALE A	 √E					
Full Billing Address									
Phone at Location		(847) 2	38-4388		Ве	st Phone (630)	329-6897	Fax (847	7) 766-9020
Business Email		kittyp@pactrans.com			Website				
Years In Business		2014 Average Ticket		 et	Gross Annual Sales 800,000.00			.00	
Do you currently ha	ve cas	h advance?	<u> </u>	No W	ith who?			Balance	
Current Credit Card	Proces	ssor					Processing Vol	ume	
Last Month Vol.			#of Ticke	ts	2	2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	KETTY	pon			Title	MANAGER			
Date of Birth	08/10/2	<u> </u>			SSN	329-74-384			
Full Home Address 353 carey court, bloomingdale									
Home Phone (847) 238-4388 Cell Phone (630) 329-6897 Email KITTYP@PACTRANS.COM									
Own/Rent				 vers Lience # <u>P5</u>	0051954827	State II			
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	one _		Email			
Own/Rent	\$		_ Years ⁻	There	Driv	vers Lience #		State	
Business Home Base	ed?	Yes	Location:	Lease/Own	Leased	Lease Term	n <u>10</u>	Monthly Rent	2,000.00
Landlord / Mortgage	e Co.	PON GROU	JP LLC			Contac	ct	ALEX PON	
Contact Phone		(847) 766-	9988	Cell	(84	7) 766-9988	_ Email	ALEXP@PA	CTRANS.COM
Bank Name/Branch	CITY	BANK		Contact	TINA BERI	MANBEK	Phone	(312) 385-9147	
Trade Reference#1	PACT	RANS AIR &	SEA INC	Contact	JASON FIG	GUELLE	– Phone	(847) 238-4308	
Trade Reference#2	CIMC			Contact	ROBERT V	VANG	– Phone		
Trade Reference#3	BCG			Contact	SAMMY BO	OBBY	Phone	(630) 901-1510	

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	KETTY pon	Date	01/25/2017
oignature# 1	Timeed Hame			0 = 1 = 0 1 = 0 = 1