Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646
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DBA Name		Cotechr	no Solutior	าร	Le	egal Na	ame	RIMM Group	LLC		
Type of Business			r of glass ss product	fiber for mak s	ing T	Γax ID		47-3757003			LLC
Full Business Addre	SS	6046 FM	2929 - Sto	e #102, Sprir	ng, TX 773	379					
Full Billing Address											
Phone at Location		(713) 7	75-6885		E	Best Ph	none <u>(713)</u>	775-6885	Fax	(832) 7	61-5433
Business Email		mark.wi	illiams@rii	mmgrp.com		We	ebsite	www.rimmg	p.com		
Years In Business		4.9		Average Tick	cet _			Gross Annual	Sales	3,300,000.0	0
Do you currently ha	ave cash a	advance?		Yes W	ith who? <u>(</u>	Cedar I	inance / L0	G Funding	_ Bala	ance <u>\$40,00</u>	0 / \$35,000
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Ticke	ets		2nd N	onth Vol.		#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th M	lonth Vol.		#of	Tickets _	
_											
Owner #1 Name	Mark Willi				Title		President	0.4			
Date of Birth Full Home Address	15-11-196	ightonwoo	dln		SSN		452-23-44	84			
Home Phone	(713) 775		Cell Pr	2000	(713) 775-6	2005	Email	mark	williams@riv	mmgrp.com	
							-				
Own/Rent	\$ <u>0 Own</u>	<u> </u>	_ Tears	There 6		nivers t	ience # 04	4696570	State	TX	
Owner #2 Name					Title	<u> </u>					
Date of Birth					SSN		=				
Full Home Address											
Home Phone			Cell Ph	none			Email				
Own/Rent	\$		Years	There	D	Privers L	ience #		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased		Lease Terr	n	Mont	thly Rent	
Landlord / Mortgage	e Co. <u>U</u>	PS Store					Conta	ct			
Contact Phone	(2	281) 370-	9006	. Cell	_			Emai	_		
Bank Name/Branch	Chase E	Bank		Contact				Phone			
Trade Reference#1	Swaffor	d Wareho	use	Contact	Miriam I	Horme	II	– Phone	(864) 84	18-3854	
Trade Reference#2	AIS Logi	istics		Contact	Kim Kar	stroM		— Phone	(281) 44	11-4333	
Trade Reference#3	Ajer Log	gistics		Contact	Patrick	Matthe	WS	– Phone	(832) 62	28-3305	

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	Mark Williams	Date	01/09/2020