

DBA Name	n/a		Le	gal Name	MAK Services, Ltd	
Type of Business	Ever	nt production	Ta	ax ID	45-3278475	Corp
Full Business Addre	ess <u>1711</u>	N Troy Street				
Full Billing Address						
Phone at Location	(312	2) 622-1104	E	Best Phone (773)	236-7316 Fax	
Business Email	m.ko	ozlowski08@gmail.com		Website	www.makservicesltd.com	1
Years In Business	8	Average 1	Ticket		Gross Annual Sales 10	05,400.00
Do you currently ha	ave cash advan	ce? No	With who? _		Balan	ce
Current Credit Card Processor				Average	Processing Volume	
Last Month Vol.		#of Tickets		2nd Month Vol.	#of Tic	kets
3rd Month Vol.		#of Tickets		4th Month Vol.	#of Tic	kets
Owner #1 Name	Mike Kozlowski		Title	President		
Date of Birth	01-16-1962		— SSN	344-64-16	26	_
Full Home Address	1711 N Troy Str	eet, Chicago, IL 60647	_			
Home Phone	(312) 622-1104	Cell Phone		Email	m.kozlowski08@gma	ail.com
Own/Rent	\$ 0 Own	Years There	13 D	rivers Lience # K	24254162016 State	<u>IL</u>
			_,,			
Owner #2 Name			Title			
Date of Birth Full Home Address			SSN			
Home Phone		Cell Phone		Email		
Own/Rent	\$	Years There	D	rivers Lience #	State	
	' <u></u>			_		.
Business Home Bas	sed? Yes	Location: Lease/Ow	n <u>Leased</u>	Lease Terr	mMonthl	y Rent
Landlord / Mortgage	e Co. <u>Cenlar</u>			Conta	ct	
Contact Phone		C	ell		Email	
Bank Name/Branch	Chase	Contac	t		Phone	
Trade Reference#1		Contac	:t		Phone	
Trade Reference#2		Contac	t		Phone	
Trade Reference#3		Contac	t		Phone	
I hereby represent that all	the above information	on is true and understand that	making false sta	tements might be cons	sidered fraud. By providing the abo	ve information, the applicant(s)

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	Mike Kozlowski	Date	06/18/2019