

DBA Name		Keares Electrical Contractor, In					Steven Keares, Inc.			
Type of Business		Constru	uction		T	ax ID	232511775			Corp
Full Business Addre	ess.	633 Jeff	ers Circle							
Full Billing Address										
Phone at Location		(610) 3	63-8160		E	Best Phone (610) 363-8160	Fax	(610)	363-2539
Business Email		bobk@	keareselec	tric.com		Website	www.kearesel	ectric.com		
Years In Business		44		Average Tick	et		Gross Annual S	Sales <u>6</u>	,500,000	.00
Do you currently ha	ave cas	sh advance?	?	No W	ith who? _			Balan	ice	
Current Credit Card Processor						Average	Processing Volu	me		
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Ti	ckets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of Ti	ckets	
Owner #1 Name	Harry	Keares			Title	President				
Date of Birth	12151				SSN	167-62-81	.82			
Full Home Address	276 S	Woodmont D)r							
Home Phone	(610)	363-8160	Cell Ph	none		Email	bobk@k	eareselectri	c.com	
Own/Rent	\$ 0 F	\$ 0 Rent Years There		There	Drivers Lience # 22280380 State PA					
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	none _		Email				
Own/Rent	\$		_ Years	There	D	rivers Lience # _		State		
Business Home Bas	sed? _	No	Location:	Lease/Own	Leased	Lease Teri	m 4.5 years	Month	ly Rent	9,875.00
Landlord / Mortgage	e Co.	GK2 LTD				Conta	act _	610-620-3	335	
Contact Phone				Cell			Email			
Bank Name/Branch	Fulto	n Bank		Contact			Phone			
Trade Reference#1				Contact			Phone			
Trade Reference#2				Contact			— Phone			
Trade Reference#3				Contact			Phone			
I hereby represent that all	the abov	e information is	s true and unc	lerstand that mak	ring false sta	tements might be con	sidered fraud. By pro	viding the abo	ve informa	tion, 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	Harry Keares	Date	09/18/2017