

DBA Name		inka servicesllc				Legal Name		INKA SERVICES LLC			
Type of Business		construction			7	Tax ID		300704810			LLC
Full Business Addre	:SS	304 palm	rview ct k	issimmee fl	34743						
Full Billing Address											
Phone at Location	(321) 746-5000				Best Phone (321)		746-5000	Fax	(888) 870-820	5	
Business Email		inkaconstruction@gmail.com			1	Website					
Years In Business		<u>7</u> Ave		Average Ti	age Ticket			Gross Annual Sales <u>1,500,000.00</u>			
Do you currently ha	ave casl	h advance?		No	With who?				_ Bal	lance	
Current Credit Card Processor						_	Average l	Processing Vo	lume		
Last Month Vol.			#of Tick	ets		2nd Mo	onth Vol.		#of	Tickets	
3rd Month Vol.			#of Tick	ets		4th Mo	onth Vol.		_ #of	Tickets	
Owner #1 Name	MARIO	ALARCON			Titl -	e -	mgmg				
Date of Birth	22/10/1962				SSN 595-24-3815			15			
Full Home Address	304 pa	Imview ct kis	34743								
Home Phone	(321) 7	46-5000	Cell Pl	none	(321) 746-	5000	Email	inkase	ervicesllc@d	outlook.com	
Own/Rent	\$ <u>0 O</u>	wn	Years	There 12	2	Drivers Lie	ence # A4	162-540-62-382	-0 State	florida	
O #2 Name					T:11						
Owner #2 Name					Titl -	-					
Date of Birth					122 -	N -					
Full Home Address			Call Di								
Home Phone			— Cell Pl				Email 				
Own/Rent	\$		_ Years	There		Drivers Lie	ence #		State		
Business Home Bas	sed?	No	Location:	Lease/Owr	Lease	dL	ease Tern	n	Mon	nthly Rent	
Landlord / Mortgage Co. 21 st.mortgage com			pany			Conta	ct	1800-95	55-0021		
Contact Phone		(800) 955-	0221	. Ce	·II _			Emai	il _		
Bank Name/Branch chase bank			Contact				Phone				
Trade Reference#1 rs elliott			Contact	maria		•	 Phone	(407) 42	23-3477		
Trade Reference#2 allied supply			Contact	dennis			Phone	(407) 516-0270			
Trade Reference#3	marja	n supply		Contact	fabricio)		Phone	(407) 8	72-7779	
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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	MARIO ALARCON	Date	01/18/2017
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