MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Adrian

DBA Name	slentz electri	С	Lega	al Name	slentz electric	
Type of Business	slentz electri	С	Tax	ID	slentz electric	Corp
Full Business Addre	ss 1202 Gary Av	enue, Suite 101				
Full Billing Address						
Phone at Location	(941) 722-92	27	Bes	st Phone (941)	722-9227 Fax	
Business Email	GeorgePerry	2@gmail.com	_	Website		
Years In Business	37	Average Ticl	ket		Gross Annual Sales 3,	500,000.00
Do you currently ha	ave cash advance?	Yes W	lith who? fast	capital	Balan	ce <u>145000</u>
Current Credit Card	l Processor			Average	Processing Volume	
Last Month Vol.	#of	Tickets	2ı	nd Month Vol.	#of Tic	kets
3rd Month Vol.	#of	Tickets	4	th Month Vol.	#of Tic	kets
Owner #1 Name	KELLY Perry		Title	president		
Date of Birth	12061972		SSN	591-14-032	24	
Full Home Address	31844sr 62 duette fl 3421	.9	33.1			
Home Phone			(941) 232-212	2 Email	kellyperry.slentzeled	tric@gmail.com
Own/Rent	\$ <u>0</u> Own	ears There 16			600-319-72-446-0 State	Florida
Owner #2 Name			Title			
Date of Birth			SSN			_
Full Home Address						
Home Phone		ell Phone		Email		
Own/Rent	\$	ears There	Drive	ers Lience #	State	
Business Home Bas	ed? <u>No</u> Loca	tion: Lease/Own	Leased	Lease Tern	nMonthl	y Rent
Landlord / Mortgage	e Co			Conta	ct	
Contact Phone		Cell			Email	
Bank Name/Branch		Contact			Phone	
Trade Reference#1		 Contact			Phone	
Trade Reference#2		 Contact	-		Phone	_
Trade Reference#3		Contact			Phone	
I hereby represent that all	the above information is true a	nd understand that ma	aking false statem	nents might be cons	idered 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	GEORGE PERRY	Date	08/01/2017
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