

DBA Name	Patriot Comfort S	ystems Inc.	Lega	al Name	Patriot Comfo	ort Systems I	nc.
Type of Business	HVACR		Tax	ID	81-1499500		Corp
Full Business Address	98 South Main St.						
Full Billing Address							
Phone at Location	(417) 986-8980	(417) 986-8980		Best Phone (417) 986-8980 Fax (800) 526-4978		(800) 526-4978	
Business Email	rstein@patriotcor	rstein@patriotcomfortsystems.com		Website	www.patriotcomfortsystems.com		
Years In Business	2	Average Ticket	t		Gross Annual Sales 425,000.00		
Do you currently have cash	n advance?	No With	h who?			Balanc	e
Current Credit Card Proces	sor			Average	Processing Vol	ume _	
Last Month Vol.	#of Tick	ets	2r	nd Month Vol.		_ #of Tick	cets
3rd Month Vol.	#of Tick	ets	41	th Month Vol.		#of Tick	cets
Owner #1 Name Rick V S	Stein		Title	VP, Treasu	ırer		
Date of Birth 18-11-1	1957		SSN	2187-6-8	10		
Full Home Address 11767 I	North Farm Rd 231						
Home Phone (417) 9	42-2451 Cell Pl	2451 Cell Phone (417) 983-8785 Email rstein@patriotcom		@patriotcomfor	tsystems.com		
Own/Rent \$ 0 Ov	wn Years	There 8	Drive	ers Lience # <u>V</u>	181020003	State	Missouri
<del></del>	Matthew Wildes		Title				
Date of Birth	oth Electrical		SSN	393-06-01	91		
	rth Elmwood 73-0460 Cell Pl	hono (A)	17) 773-0460	0 Email	mwilde	ac@natriotcom	fortsystems.com
<u> </u>		<u> </u>					
Own/Rent \$ Own	i rears	There 5	Drive	ers Lience # Pi	115065005	State	Missouri
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent							
Landlord / Mortgage Co.	Dillon Morrison			Conta	oct	Dillon Morris	son
Contact Phone	(417) 720-1212	Cell	<u>(417</u>	") 720-1212	Email		
Bank Name/Branch Bear State Bank Conta		Contact	Tami		Phone	(417) 862-2	2022
Trade Reference#1 CFM		Contact	Pat		Phone	(417) 881-3	3600
Trade Reference#2 Johnstone		Contact	Jamie		Phone	(417) 866-1	1225
Trade Reference#3 East C	Coast Metals	Contact _	James		Phone	(417) 864-7	7580

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	e Rick Stein	Date	11/29/2017
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