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

DBA Name	Alarm Connection L			LLC Le		gal Name Alarm Co		nnection LLC		
Type of Business	siness Security Alarms				ID	37-1372342		LLC		
Full Business Addre	SS F		urch St St	e 503						
Full Billing Address	_									
Phone at Location		(618) 744-7227			Bes	st Phone (618)	744-7227	Fax		
Business Email	bill@alarmconnect			tionllc.com		Website	www.alarmconnectionllc.com			
Years In Business	3	3		Average Tick	cet		Gross Annual	Sales <u>250,000</u> .	00	
Do you currently ha	ave cash a	dvance?		Yes W	ith who? CBS	G,Yellowstone	Fox,Mantis	Balance 500	00	
Current Credit Card	d Processor	r				Average	Processing Vo	lume		
Last Month Vol.			#of Ticke	ets	2ı	nd Month Vol.		#of Tickets		
3rd Month Vol.			#of Ticke	ets	4	th Month Vol.		#of Tickets		
Owner #1 Name	william d n	iemann			Title	President				
Date of Birth	02/06/1967	7			SSN	327-60-549	98			
Full Home Address	2117 Sche	el Street								
Home Phone	(618) 416-	8555	Cell Ph	ione	(618) 722-470	1 Email	bill.ala	armconnection@gmail	.com	
Own/Rent	\$ 0 Rent		Years	There 10	Drive	ers Lience # <u>n5</u>	5092467037	State <u>IL</u>		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	ione _		Email				
Own/Rent	\$		_ Years	There	Drive	ers Lience #		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Tern	n <u>11 mont</u>	ths Monthly Rent	1,100.00	
Landlord / Mortgage	e Co. Wi	HAP LLC				Conta	ct	Debbie Hayden		
Contact Phone	(63	18) 222-	1111	Cell			_ Emai			
Bank Name/Branch	Navy Fed	deral CU		Contact			Phone	(800) 842-0238		
Trade Reference#1	quill			Contact			– Phone			
Trade Reference#2	Amsterda	am Print	ing	Contact			– Phone			
							_			
Trade Reference#3	Charter			Contact			Phone			

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	Bill Niemann	Date	04/12/2017
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