

		O) / D)   184					61 / BL LIMBIN	C.IN.C	
DBA Name			BING INC.			egal Name	GV PLUMBIN	G INC	
Type of Business			G CONTRAC			ax ID	46-5036381		Corp
Full Business Addre	!SS	28100 CAI	BOT RD STE	#1, LAGU	NA NIGUEI	L, CA, 92677			
Full Billing Address									
Phone at Location		(800) 42	7-0119			Best Phone (800	) 427-0119	Fax	
Business Email		OFFICE@	GOODVALU	JEPLUMBIN	IG.COM	Website			
Years In Business		3	Av	erage Tick	et		Gross Annual	Sales <u>500,00</u>	0.00
Do you currently ha	ave cash	advance?	No	) W	ith who? _			Balance	
Current Credit Card	d Proces	sor	_			Average	Processing Vol	ume	
Last Month Vol.			#of Tickets			2nd Month Vol.		_ #of Tickets	
3rd Month Vol.			#of Tickets			4th Month Vol.		_ #of Tickets	
Owner #1 Name	GRANT	VIEI V			Title	PRESIDEN	ıT		
Date of Birth	07/08/1				SSN				
Full Home Address		MCKENNA CT,	I AVE EODES						
Home Phone		42-9230	Cell Phon		0 (949) 842-9	230 Email	OFFIC	E@GOODVALUEPLU	MRING COM
Own/Rent	\$ 0 Ov		— Years Th	_			37344796		
OWII/Rent	\$ 0 00	<u>vii</u>	rears in	ere <u>1</u>		ilvers Lience #	77344790	State <u>C/</u>	1
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phon	е		Email			
Own/Rent	\$		Years Th	ere	D	rivers Lience #		State	
Business Home Bas	sed?	No L	ocation: Le	ease/Own	Leased	Lease Ter	m	Monthly Rei	nt
Landlord / Mortgage		MAUREEN E	RRO			 Conta	act	MAUREEN ERRO	
Contact Phone	•	(949) 613-6	277	Cell			Emai		
				_				<u> </u>	
Bank Name/Branch	CHASE	: BANK		Contact	CALL FO	R REFERENCE	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 to	rue and unders	tand that mal	king false sta	tements might be con	sidered fraud. By n	roviding the above info	rmation, 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 authorized 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	GRANT KIELY	Date	11/17/2017