

DBA Name		DPSG USA		Leo	jal Name	Defense Products	s and Services Group l	JSA. Inc.
Type of Business		Manufacturing			x ID	46-5212082		Corp
Full Business Address				Purcellville, VA 20132		10 3212002		СОГР
Full Billing Address		EOTES CHEST	ide overlook bri,	T di celiville,	V/( 20132			
Phone at Location		(540) 752-43	 264	B	est Phone (571)	274-9996	Fax	
Business Email		kfincher@dpsgusa.com		Website		www.dpsgusa.com		
Years In Business	4	4.5 Average Tio				Gross Annual Sales 4,455,593.00		
	-		-		 usquehanna Salt			
Do you currently ha			res v	WILLI WITO: 30			Balance <u>64,300</u>	
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Charles Fir	ncher		Title	President			
Date of Birth	02141965			SSN	257-37-012	25		
Full Home Address	16723 Chestnut Overlook Dr., Purcellville, VA 20132							
Home Phone	(571) 274-	9996	Cell Phone	(571) 274-99	95 Email	lfincher@r	nasonlive.gmu.edu	
Own/Rent	\$ 0 Own		Years There	Drivers Lience #		State		_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address	-							
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Dri	vers Lience #		State	_
Business Home Bas	ed?	Yes Loca	ation: Lease/Own	Owned	Lease Tern	n	Monthly Rent	
	-		ation. Ecuse/Own	OWNEG		-		
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone	_		Cel	<u> </u>		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I haraby raprocent that all	the above infe	rmation is true		aldes false state	aments might be sone	idorod fraud. By provid	ing the above information th	a annlisant/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	Charles Fincher	Date	01/11/2019
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