

DBA Name		BMA Techno	ologies Corp	Lega	Name	BMA Technolog	ies Corporation	S
Type of Business		Logistics		Tax ID		462528061		Corp
Full Business Addre	SS	23636 Sailfis	h Sq Ashburn VA	20148				
Full Billing Address								
Phone at Location		(703) 505-5	365	Best	Phone (703)	505-5365	Fax <u>(70</u>	3) 997-7767
Business Email		billy.aviles@bmatechs.com		Website		bmatechs.com		
Years In Business		4	_ Average Tic	ket Gr		Gross Annual Sa	ales <u>225,000</u>	0.00
Do you currently ha	ave cash a	advance?	Yes \	With who? Nati	onal Funding		Balance 40	00
Current Credit Card Processor				Average	Processing Volun	ne		
Last Month Vol.		#o	f Tickets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#o	f Tickets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Billy Avile	2S		Title	Owner			
Date of Birth	04/21/198			SSN	231-25-68	07		
Full Home Address	23636 Sailfish Sq Ashburn VA 20148							
Home Phone	(703) 505	5-5365	Cell Phone	(703) 505-5365	703) 505-5365 Email billy.aviles@bmatechs.com			1
Own/Rent	\$ <u>0 Own</u>	1	Years There 3	Drive	rs Lience # Te	50-82-1820	State T6	0-82-1820
				<del>-</del> '				
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Drivo	rs Lience #		State	
Ownyrtent	Ψ			Drive				
Business Home Bas	ed?	Yes Loca	ation: Lease/Own	Owned	_Lease Term		_Monthly Rent	
Landlord / Mortgage	Co. <u>F</u>	reedom Mort	gage		Conta	ect <u>8</u>	55-690-5900	
Contact Phone	<u>(8</u>	55) 690-5900	Cell	(855)	690-5900	Email -	freedommo	rtgage@fdm.com
Bank Name/Branch	Bank of	America	Contact	Centreville \ Manager	'A Branch	Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true	and understand that m	aking falso statom	ants might be sone	sidered fraud. By provi	iding the above infor	mation 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	Billy Aviles	Date	08/01/2017
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