MoneyWorks 🕽	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Alexis
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DBA Name	N/A		Leg	gal Name	Professional Communication Installation Services Inc			
Type of Business	 Telecomunications		าร	Tax ID		94-3292060		Corp
Full Business Addre								1
Full Billing Address								
Phone at Location		(831) 338-0100			Best Phone (650) 759-2682 Fax			
Business Email		rautrand@pcisnet.com			Website	www.pcisnet.com		
Years In Business				et		Gross Annual	Sales <u>80,000.00</u>	
Do you currently ha	ave cash	advance?	No W	ith who? _			Balance	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets			4th Month Vol.		#of Tickets	
Owner #1 Name	Robert Au	ıtrand		Title	CEO			
Date of Birth	08/27/19			SSN	552-02-26	26		
Full Home Address		rest Hill Dr.		3314	332 02 20			
Home Phone	(831) 409	9-4109 Cell P	hone ((650) 759-20	682 Email	rautrar	nd@pcisnet.com	
Own/Rent	\$ 0 Own	Years	There 1 ye	ar Dr	rivers Lience # N	0673809	State California	
					_			
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell Phone			Email			
Own/Rent	\$	Years	There	Dr	rivers Lience #		State	
Business Home Bas	ed?	Yes Location	: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>R</u>	obert Autrand			Conta	ict	Robert Autrand	
Contact Phone	(6	550) 759-2682	Cell	(6	50) 759-2682	Email	rautrand@pcisnet.c	com
Bank Name/Branch	Wells Fa	argo	Contact	Manager	-	Phone	(650) 334-5101	
Trade Reference#1	Arroe w	rroe wire and cable Contact L		Lorna Lo	оро	 Phone	(800) 659-3655	
Trade Reference#2	e Reference#2 Teledynamics Contact K		Kevin Co	llier	— Phone	(800) 847-5629		
Trade Reference#3			- 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	Robert Autrand	Date	11/11/2016
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