

DBA Name	Appliance Repair Heroes, Inc		Legal Name	Appliance Repair Heroes, Inc.	
Type of Business	Repair Service		Tax ID	383835253	Corp
Full Business Address	23575 Cabot Blvd Suite 203 Hayward Ca. 94545				
Full Billing Address					
Phone at Location	(510) 785-1400		Best Phone	(510) 361-6661	Fax (510) 785-1401
Business Email	service@appliancerepairheroes.com		Website	www.appliancerepairheroes.com	
Years In Business	6	Average Ticket		Gross Annual Sales	624,000.00
Do you currently have cash advance?	Yes	With who?	Pearl MCA		Balance \$20000.00
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	Sione Feao		Title	CEO	
Date of Birth	06/11/1980		SSN	624-25-6087	
Full Home Address	27518 La Porte Ave. Hayward Ca 94545				
Home Phone	(510) 785-1400	Cell Phone	(510) 361-6660	Email	lita@appliancerepairheroes.com
Own/Rent	\$ 0 Rent	Years There	7	Drivers Lience #	d3548625 State California
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	CBRE		Contact	Sherry	
Contact Phone	(510) 817-0177	Cell	(510) 817-0177	Email	

Bank Name/Branch	JP Morgan Chase	Contact	Janet Krieletich	Phone	(510) 780-9630
Trade Reference#1	Reliable Parts	Contact	Ray	Phone	(800) 666-0313
Trade Reference#2		Contact		Phone	
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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Sione Feao	Date	01/11/2017
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