

Type of Business Design, furnish, install overhead material bandling equipment primarily Tax D S9-350-9742 S9-350-9	DBA Name		Southeast Material Handling Systems Inc.				Legal Name		Southeast Material Handling Systems Inc			nc
Full Billing Address Phone at Location (321) 639-6400 Best Phone (321) 795-6445 Fax Business Email semh@cfl.rr.com Website Years In Business 20 Average Ticket Gross Annual Sales 900,000.00 Do you currently have cash advance? Yes With who? On Deck Balance 11,000.00 Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name William Zurick Title president/owner Date of Birth 12:15:1949 SSN 178-3-6:18 Home Phone (321) 795-6445 Cell Phone SSN STATE Own/Rent \$ 0 0wn Years There 28 Drivers Lience # State Owner #2 Name Title Email Wpzurick@icloud.com Owner #2 Name Title SSN State Business Home Address Fax Years There Drivers Lience # State	Type of Business		material handling equipment primarily				Tax ID		59-350-9742		Corp	
Phone at Location (321) 639-6400 Best Phone (321) 795-6445 Fax Business Email semh@cfl.rr.com Website Years In Business 20 Average Ticket Gross Annual Sales 900,000.00 Do you currently have cash advance? Yes With who? On Deck Balance 11,000.00 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 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 1tile #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets <td< td=""><td>Full Business Addre</td><td>SS</td><td>600 Azale</td><td>ea Ave Uni</td><td>t # 1 Merri</td><td>tt Island,</td><td>- FL. 329!</td><td>52</td><td></td><td></td><td></td><td></td></td<>	Full Business Addre	SS	600 Azale	ea Ave Uni	t # 1 Merri	tt Island,	- FL. 329!	52				
Business Email Semh@cfl.rr.com Website Years In Business 20 Average Ticket Gross Annual Sales 900,000.00 Do you currently have cash advance? Yes With who? On Deck Balance 11,000.00 Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets 3rd Month Vol. #of Tickets 17th Pickets #of Tickets 17th Pickets 17th Pickets #of Tickets 17th Pickets 17th Pickets 17th Picket	Full Billing Address											
Years In Business 20 Average Ticket Gross Annual Sales 900,000.00 Do you currently have cash advance? Yes With who? On Deck Balance 11,000.00 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 William Zurick Title president/owner Date of Birth 12-15-1949 SSN 178-3-6-18 Full Home Address 545 Hibliscus Blvd Home Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Owner #2 Name Title SSN 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. Cell Cell </td <td>Phone at Location</td> <td></td> <td>(321) 63</td> <td></td> <td colspan="3">Best Phone (321)</td> <td>795-6445</td> <td>Fax</td> <td></td> <td></td>	Phone at Location		(321) 63		Best Phone (321)			795-6445	Fax			
Do you currently have cash advance? Yes With who? On Deck 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 William Zurick Title president/owner Date of Birth 12-15-1949 \$SSN 1783-6-18 Full Home Address 545 Hibiscus Bivd Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Owner #2 Name 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. Contact Contact Phone Contact Phone Final Phone Contact Phone Final Email	Business Email		semh@d	cfl.rr.com		Website						
Current Credit Card Processor	Years In Business		20		Average Tid	ket			Gross Annual	Sales	900,000.00	
Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name William Zurick Title president/owner Date of Birth 12-15-1949 SSN 1783-6-18 Full Home Address Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Owner #2 Name Title Date of Birth SSN SSN Full Home Address Home Phone 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. Contact Contact Phone Bank Name/Branch Contact Phone	Do you currently ha	ve cash	advance?	`	res '	With who?	On De	ck		Ва	alance <u>11,000.00</u>	
# of Tickets	Current Credit Card	Processo	or					Average I	Processing Volu	ıme		
Owner #1 Name William Zurick Title president/owner Date of Birth 12-15-1949 SSN 1783-6-18 Full Home Address 545 Hibiscus Blvd Full Home Address Email wpzurick@icloud.com Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Date of Birth SSN SSN Full Home Address Home Phone Cell Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Lease Term Monthly Rent Landlord / Mortgage Co. Cell Contact Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Last Month Vol.			#of Ticke	ts		 2nd	Month Vol.		#o	of Tickets	_
Owner #1 Name William Zurick Title president/owner Date of Birth 12-15-1949 SSN 1783-6-18 Full Home Address 545 Hibiscus Blvd Full Home Address Email wpzurick@icloud.com Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Date of Birth SSN SSN Full Home Address Home Phone Cell Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Lease Term Monthly Rent Landlord / Mortgage Co. Cell Contact Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	3rd Month Vol.			#of Ticke	ets		4th I	Month Vol.		#0	of Tickets	
Date of Birth 12-15-1949 SSN 178-3-6-18 Full Home Address 545 Hibiscus Blvd Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Own #2 Name Title 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. Contact Contact Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone												
Full Home Address 545 Hibiscus BIvd Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Owner #2 Name Title Date of Birth \$SSN \$SSN Full Home Address Home Phone Cell Phone Email Own/Rent \$Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Lease Term Monthly Rent Landlord / Mortgage Co. Contact Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Owner #1 Name	William Z	urick			Tit	ile	president/o	wner			
Home Phone (321) 795-6445 Cell Phone (321) 795-6445 Email wpzurick@icloud.com	Date of Birth	12-15-19	12-15-1949			SSN		1783-6-18	3			
Own/Rent \$ 0 Own Years There 28 Drivers Lience # State Owner #2 Name Title Date of Birth 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. Contact Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Full Home Address	545 Hibis	cus Blvd									
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Own/Rent State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Bank Name/Branch Contact Contact Phone Trade Reference#1 Contact Phone Trade Reference#1 Title SSN Full Home Address Fmail Email Contact Phone Trade Reference#1	Home Phone	(321) 795	321) 795-6445 Cell Phone			(321) 795		Email	wpzurick@icloud.com			
Date of Birth Full Home Address Home Phone Cell Phone Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Contact Phone Trade Reference#1 Contact SSN Email Email Contact Phone Phone Fmail Fmail Contact Phone	Own/Rent	\$ <u>0 Own</u>	1	Years -	There 28		Drivers	Lience #		State		_
Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Email Bank Name/Branch Contact Contact Phone Trade Reference#1 Contact SSN Email Contact Phone Phone												
Full Home Address Home Phone Cell Phone Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. Contact Phone Bank Name/Branch Contact Contact Contact Contact Contact Phone Trade Reference#1 Cell Phone Email Monthly Rent Email Phone						-						
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. Contact Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone						. SS	SN					
Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone				Call Ph	one			Email				
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone		<u> </u>					Drivers	_		State		
Landlord / Mortgage Co. Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Ownyntent	Ψ		-			-					_
Contact Phone Cell Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Business Home Bas	ed?	No	Location:	Lease/Own	Lease	ed	Lease Term	າ	Mo	nthly Rent	
Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone	Landlord / Mortgage	Co.						Contac	ct			
Trade Reference#1 Contact Phone	Contact Phone	_			Ce	II			_ Email	_		
Trade Reference#1 Contact Phone	Bank Name/Branch				Contact				Phone			
	Trade Reference#1								– Phone			
	Trade Reference#2				Contact				– Phone			
Trade Reference#3 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 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	William Zurick	Date	06/14/2017
-------------	--------------	----------------	------	------------