

DBA Name	integrated Brand	l Group	Le	gal Name	integrated Bra	nd Group	
Type of Business Business Consulting		ting	Tax ID		462289589		LLC
Full Business Address 925 Genesee Street, PO Box 180211, Delafield, WI 53018							
Full Billing Address							
Phone at Location	(414) 254-9814		E	Best Phone		Fax	
Business Email	michael@ibrand	grp.com		Website	ibrandgrp.com		
Years In Business	5	Average Ticke	et		Gross Annual S	ales <u>211,200.0</u>	0
Do you currently h	ave cash advance?	No Wit	th who? _			Balance	
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Tick	cets		2nd Month Vol.		#of Tickets	
3rd Month Vol.	#of Tick	cets		4th Month Vol.		#of Tickets	
Owner #1 Name	Michael Armeli		Title	President, I	Founder		
Date of Birth	05101982		SSN	399-88-367	72		
Full Home Address	1217 Sweetbriar Lane, Hartla	nd, WI 53029					
Home Phone	(414) 254-9814 Cell F	hone		Email	michael(	gibrandgrp.com	
Own/Rent	\$ 0 Rent Year	s There	Dr	rivers Lience #		State	
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone	Cell Phone		Email				
Own/Rent	\$ Year	s There	Dr	rivers Lience #		State	
Business Home Bas	ed? Yes Location	: Lease/Own	Leased	Lease Term	າ	Monthly Rent	2,175.00
Landlord / Mortgag	e Co. <u>J</u> ohn Stahl			Contac	ct _		
Contact Phone		_ Cell			_ Email		
Bank Name/Branch	Wells Fargo, Pewaukee, WI	Contact			Phone	(262) 746-3110	
Trade Reference#1		— Contact			— Phone		
Trade Reference#2		— Contact			— Phone		
Trade Reference#3		— Contact			— Phone		
authorize you to whom thi will provide financial state	the above information is true and ur s application is made or your agent ments, tax returns, etc. as you dec rect, Inc. to receive pertinet inform	s to investigate my em necessary. A ph	our financia otocopy of t	al responsibility and cr his authorization will	edit worthiness, spec be deemed as accep	cifically principal and co table for release of cree	rporate entities, and dit information. I/We

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	Michael Armeli	Date	06/22/2017