

DBA Name	VBG Insurance		Legal Name	Virtual Benefits Group LLC	
Type of Business	LLC		Tax ID	200988987	LLC
Full Business Address	901 Keller Pkwy Ste B1, Keller TX 76248				
Full Billing Address					
Phone at Location	(972) 724-8900		Best Phone	(817) 403-0420	Fax (817) 482-1108
Business Email	lwilliams@virtualbenefitsgroup.com		Website	www.virtualbenefitsgroup.com	
Years In Business	12	Average Ticket		Gross Annual Sales	7,500,000.00
Do you currently have cash advance?	Yes	With who?		Balance	350000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Lisa Williams		Title	Managing Director	
Date of Birth	04-25-1971		SSN	570-06-6479	
Full Home Address	1013 Shady Ln N, Keller TX 76248				
Home Phone	(817) 403-0420	Cell Phone	(817) 403-0420	Email	lwilliams@virtualbenefitsgroup.com
Own/Rent	\$ 0 Own	Years There	10	Drivers Lience #	18128371
				State	TX
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.	Stahl Properties			Contact	Joy Stahl
Contact Phone	(214) 415-8500	Cell	(214) 415-8500	Email	joystahl1@verizon.net

Bank Name/Branch	Ciera Bank	Contact	Gina	Phone	(972) 539-1849
Trade Reference#1		Contact		Phone	
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 Lisa Williams Date 12/23/2016