

DBA Name		Maksim	um Security		L	egal Nam	e	Maksimum	Inc		
Type of Business		security	security			Tax ID		Maksimum	Maksimum Inc		Corp
Full Business Addre	ess	120 mist	letoe Street N	Medford, O	R 97501						
Full Billing Address											
Phone at Location		(541) 6	08-2820			Best Phon	e <u>(541)</u>) 608-2820	Fax	(541)	508-2820
Business Email		admin@	maksimums	ecurity.cor	<u>m</u>	Webs	ite	Maksimum	security.com		
Years In Business		22	Ave	erage Tick	et _			Gross Annua	al Sales <u>4</u>	05,000.00)
Do you currently h	ave casl	h advance?	No	W	ith who? _				Balan	ce	
Current Credit Card	d Proces	ssor	_				Average	Processing V	olume		
Last Month Vol.			#of Tickets			2nd Mor	ith Vol.		#of Tid	ckets	
3rd Month Vol.			#of Tickets			4th Mon	th Vol.		#of Tid	ckets	
Owner #1 Name	Brando	n Mak			Title	e 0	wner				
Date of Birth	08:30/1	1973			SSN	 I 5	44-19-77	60			
Full Home Address	120 Mis	stletoe St.				_					
Home Phone	(541) 9	44-8450	Cell Phone	9		E	mail	bma	k@maksimums	ecurity.cor	n
Own/Rent	\$ 0 Re	ent	Years The	ere <u>2</u>		Drivers Lien	ce # <u>4</u>	886328	State	OR	
Owner #2 Name					Title	_					
Date of Birth	-				SSN	l					
Full Home Address											
Home Phone			Cell Phone	_		E	mail				
Own/Rent	\$		Years The	ere		Privers Lien	ce # _		State		
Business Home Bas	sed?	No	Location: Le	ase/Own	Leased	l Le	ase Terr	m <u>4</u>	Monthl	y Rent	1,250.00
Landlord / Mortgage	e Co.	Bon					Conta	act			
Contact Phone				Cell	_			Ema	ail		
Bank Name/Branch	Chase	9		Contact	Cueto L	ake brand	ch	Phone			
Trade Reference#1	- <u>-</u>			Contact				Phone			
Trade Reference#2				Contact				 Phone			
Trade Reference#3				Contact				 Phone			
I hereby represent that all	the above	information is	true and underst	and that mak	king false sta	atements mid	aht be con:	sidered fraud. By	providing the abo	ve informat	on, the applicant(s)

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	Brandon Mak	Date	04/17/2017