

DBA Name		TaxConnections		Le	gal Name	TaxConnecti	ons	
Type of Business		C Corp		Tax ID		27-4431525		Corp
Full Business Addre		PO Box 2389		ıa	X ID	27-4431323		Согр
Full Billing Address	55	FO BOX 2303						
Phone at Location	(858) 999-0053 Best Phone (858) 999-0053 Fax							
Business Email		Kat@taxconnect			Website		www.taxconnections.com	
Years In Business		A	Average Ticl	ket		Gross Annual Sales 450,000.00		
	ava sash s	dvanca?						
Do you currently ha			No W	/ith who? _			_	
Current Credit Card	I Processor Average Processing Volume							
Last Month Vol.		#of Tick	cets		2nd Month Vol.		#of Tickets	<u> </u>
3rd Month Vol.		#of Tick	cets		4th Month Vol.		_ #of Tickets	·
Owner #1 Name	Kathleen	Jennings		Title	CEO			
Date of Birth	02-22-195	02-22-1956			SSN 117-44-3074			
Full Home Address	7005 Via Estrada, La Jolla CA 92037							
Home Phone	(858) 999	0-0053 Cell F	Phone	(858) 999-00	)53 Email	kat@t	axconnections.com	1
Own/Rent	\$ 0 Rent	Year	s There 3	Dr	ivers Lience #	C0599124 State California		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell F	Phone _		Email			
Own/Rent	\$	Year	s There	Dr	ivers Lience #		State	
Dusiness Henry Des	a d2	Voc. Location		Loosod	Lanca To		Monthly Do	
Business Home Bas		Yes Location	: Lease/Own	Leased	Lease Te		Monthly Re	
Landlord / Mortgage	e Co				Cont	tact		
Contact Phone	_		_ Cell			Emai	<u> </u>	
Bank Name/Branch	Wells Fa	argo Bank	Contact			Phone		
Trade Reference#1	Brian Ar	ndreoli, JD	– Contact	Brian And	dreoli	— Phone	(646) 734-036	3
Trade Reference#2	Carol Co	orcoran	– Contact	Real Esta	ate	—— Phone	(760) 862-588	8
Trade Reference#3	Kathrine	e Kimball	_ Contact	Kathrine	Kimball	Phone	(858) 776-475	7
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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	Kathleen Jennings	Date	04/18/2017