

DBA Name		Source On	e Payment Solu	itions	Lega	l Name	Source One	Payment S	Solutions	
Type of Business		Business (Consulant		Tax I	ID	61-1553801			Corp
Full Business Addre	ss <u>(</u>	6055 E Was	shington Blvd							
Full Billing Address										
Phone at Location		(888) 717	-6872		Bes	t Phone (818	3) 441-8802	Fax		
Business Email		glenn@so	urceoneps.com			Website				
Years In Business	<u>1</u>	L8	Average	e Ticket			Gross Annual	Sales	1,300,000.00	
Do you currently ha	ave cash a	dvance?	No	With wh	ю?			_ Bal	ance	
Current Credit Card	l Processor					Average	Processing Vo	lume		
Last Month Vol.		#	of Tickets		2r	nd Month Vol.		#of	Tickets	
3rd Month Vol.		#	of Tickets		4t	th Month Vol.		_ #of	Tickets _	
Owner #1 Name	Glenn Zap				Title	CEO				
Date of Birth	07-15-1958				SSN	059-54-76	513			
Full Home Address	21829 Den									
Home Phone	(818) 441-	8802	Cell Phone	(818) 4	41-8802		gjzap(@aol.com		
Own/Rent	\$ <u>0 Own</u>		Years There	18	Drive	ers Lience # <u>C</u>	0562449	State	CA	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address					55.1					
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Drive	ers Lience #		State		
Business Home Bas	ed?	No Lo	cation: Lease/0)wn lea	sed	Lease Ter	m	Mon	thly Rent	
					iscu					
Landlord / Mortgage	$\frac{\text{Ma}}{\text{Ma}}$	ijestic Rea	ty		_	Conta	act			
Contact Phone	_			Cell			Emai	<u> </u>		
Bank Name/Branch	Citibank	Glendale,	CA Cont	act			Phone			
Trade Reference#1			Cont	act			— Phone			
Trade Reference#2			Cont	act			 Phone			
Trade Reference#3			Cont	act			 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	Glenn Zapolsky	Date	01/09/2020