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DBA Name		xl services solutions			egal Name	xl services solutions inc		
Type of Business		construction , repairs			ax ID	47-1245859		Corp
Full Business Addre	ess $\frac{1}{2}$	520 se niemaye	er circle office	#4				
Full Billing Address	-							
Phone at Location		(772) 800-9087			Best Phone (772) 800-9084 Fax			
Business Email		xlservicessolutionsinc@outlook.co		k.com	Website			
Years In Business		5 Average T		Ticket		Gross Annual Sales 485,000.00		
Do you currently ha	ave cash ad	vance?	No V	Vith who? _			Balance	
Current Credit Card Processor					Average	Processing Volume	e	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Yolema villa	osmil		Title	president			
Date of Birth	12031970	1511111		SSN				
Full Home Address	2872 sw savona blvd port saint lucie fl, 34					170		
Home Phone	(772) 800-9084 Cell Phone Email yoxiv3@hotmail.com							
Own/Rent	\$ 0 Own		rs There 3		<del></del>	<u>yoxivs@iik</u> /425-979-70-943-0		
OWII/Relit	\$ O OWIT		is filele <u>5</u>		Tivers Lience # v	423-313-10-343-0	State Horida	<u></u>
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address					<del></del>			
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	D	rivers Lience #		State	
Business Home Bas	sed? N	lo Locatio	n: Lease/Own	Leased	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co.				Conta	act		
Contact Phone			Cell			Email		
Bank Name/Branch	wellsfargo	b bank	Contact			Phone		
Trade Reference#1			— Contact			— — Phone		
Trade Reference#2			— Contact			— — — Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above infor	mation is true and ι	 Inderstand that ma	aking false sta	tements might be cor		ling the above information	n, 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 Na	ne Yolema villasmil Da	te 02/04/2020
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