

DBA Name	KOBALT	VENTURES	Lega	al Name	KOBALT VENTU	JRES, LLC	
Type of Business HEAVY EQUIPMENT		QUIPMENT LEASING			272754815		LLC
Full Business Address 12410 N. WING SHADOW LN.							
Full Billing Address							
Phone at Location (520) 284-2393		Bes	st Phone (520)	284-2393	Fax		
Business Email	RUDY@KOBALTVENTURES		COM Website				
Years In Business	8	Average Ti	cket		Gross Annual S	ales <u>1,200,000.00</u>	
Do you currently ha	ave cash advance?	No	With who?			Balance	
Current Credit Card	l Processor			Average I	Processing Volur	me	
Last Month Vol.		#of Tickets	2ı	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets	4	th Month Vol.		#of Tickets	
Owner #1 Name	RODOLFO MALDONAI	00	Title	principal			
Date of Birth	13101981		– SSN	764-01-979	98		
Full Home Address	12410 N. WING SHADOW LN						
Home Phone	(520) 284-2393	20) 284-2393 Cell Phone (520) 260-8447 Email rudy@kobaltventures.com					
Own/Rent	\$ 0 Rent	Years There 8	Drive	ers Lience # DO)1333679	State ARIZONA	_
Owner #2 Name			Title –				
Date of Birth							
Endlittere - Address			_ SSN				
Full Home Address		Call Phone	_ SSN	Email			
Home Phone	\$	Cell Phone ————————————————————————————————————		Email		State	
	\$	Cell Phone Years There		Email ers Lience #		_State	
Home Phone		_	Drive			_StateMonthly Rent	
Home Phone Own/Rent	ed? Yes L	Years There	Drive	ers Lience #	-		
Home Phone Own/Rent Business Home Bas	ed? Yes L	Years There	Drive	ers Lience # Lease Term	-	Monthly Rent	
Home Phone Own/Rent Business Home Bas Landlord / Mortgage	ed? Yes L	Years There	Driven Leased	Lease Term	ct <u>J</u>	Monthly Rent	
Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	ed? Yes L Co. LANDLORD (480) 454-6 WELLS FARGO DO MOUNTAIN	Years There	Driven Leased	Lease Term	ct <u>J</u> _ Email	Monthly Rent . PADILLA	
Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	ed? Yes L Co. LANDLORD (480) 454-6 WELLS FARGO DO MOUNTAIN	Years There	Driven Leased Ell Ct CATHY PII Ct FAUST KII	Lease Term Contac	ct <u>J</u> Email Phone	Monthly Rent . PADILLA (520) 572-5360	
Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	ed? Yes L Co. LANDLORD (480) 454-6 WELLS FARGO DO MOUNTAIN	Years There	Drive Leased ell CATHY PII FAUST KII	Lease Term Contac	ct <u>J</u> Email Phone Phone	Monthly Rent . PADILLA (520) 572-5360	

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	RODOLFO MALDONADO	Date	10/10/2017
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