

DBA Name		All In 1 Insurance			egal Name	All In 1 Insiurance		
Type of Business		Insurance agency			ax ID	047706476		Sole Prop
Full Business Addre	ess	8 Cliffmount E	Drive	_				
Full Billing Address								
Phone at Location		(860) 726-9111			Best Phone (860) 726-9111	Fax	(860) 726-9110
Business Email		michaelr@allin1ins.com			Website	www.allin1ins.com		
Years In Business		12	Average	e Ticket		Gross Annual	Sales 1	20,000.00
Do you currently h	ave cash	advance?	No	With who?			Balan	ce
Current Credit Card Processo		or			Average	Processing Vol	ume	
Last Month Vol.		#of Tickets			2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tid	ckets
Owner #1 Name	Michael F	Rizzo		Title	e Owner			
Date of Birth	05251965			 SSN	SSN 047-70-6476			
Full Home Address	8 Cliffmo	unt Drive			-			
Home Phone	(860) 726	5-9111 C	Cell Phone	(860) 977-	5158 Email	mrizzo	@ctfabc.org	
Own/Rent	\$ 0 Owr	<u> </u>	Years There	8609775158	 Drivers Lience # _()54531526	State	СТ
Owner #2 Name				Title	e			
Date of Birth				SSN	·			
Full Home Address								
Home Phone		C	Cell Phone		Email			
Own/Rent	\$		Years There		Orivers Lience # _		State	
Business Home Bas	sed?	Yes Loca	tion: Lease/0	Own Owned	Lease Ter	m	Monthl	y Rent
Landlord / Mortgag	e Co. <u> </u>	arrington Mort	gage		Cont	act	180056145	567
Contact Phone				Cell _		Email		
Bank Name/Branch			Cont	act		Phone		
Trade Reference#1		Contact				 Phone		
Trade Reference#2			 Cont	act		— Phone		
Trade Reference#3			Cont	act		— Phone		
I hereby represent that all	the above in	formation is true a	nd understand th	nat making false st	atements might be co	nsidered fraud. By pr	oviding the abo	ve information, 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	Michael Rizzo	Date	06/20/2018
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