

DBA Name	INTERPHASE INDUSTRIES		Legal Name	INTERPHASE WOOD MOLDINGS INC.	
Type of Business	MANUFACTURING		Tax ID	58-1658104	Corp
Full Business Address	1770 HOMER CORN RD, SMYRNA, GA				
Full Billing Address					
Phone at Location	(800) 948-3576		Best Phone	(404) 931-6001	Fax (770) 426-4930
Business Email	BOB@INTERPHASEIND.COM		Website	INTERPHASEIND.COM	
Years In Business	34	Average Ticket		Gross Annual Sales	466,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

Owner #1 Name	ROBERT HOROWITZ		Title	TREASURER	
Date of Birth	02-02-14		SSN	372-54-1401	
Full Home Address	3628 ROBINSON WALKDR. MARIETTA GA				
Home Phone	(404) 931-6001	Cell Phone	(404) 931-6001	Email	BOB@INTERPHASEIND.COM
Own/Rent	\$ 0 Own	Years There	20	Drivers Lience #	055637023
				State	GA
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	SHAN HELTON		Contact	SHAN HELTON	
Contact Phone	(678) 777-7280	Cell	(678) 777-7280	Email	

Bank Name/Branch	FIDELITY BANK	Contact	JEANNIE LA BLANC	Phone	(404) 553-2450
Trade Reference#1	ALLIANCE KNIVES	Contact	JIM	Phone	(877) 524-7463
Trade Reference#2	RJO	Contact	RICH OZVATH	Phone	(404) 808-9941
Trade Reference#3	RANDALL BROS	Contact	ACCOUNTING	Phone	(404) 892-6666

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	ROBERT HOROWITZ	Date	01/05/2017
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