DBA Name		Pam's Poo	ols & Spa	as	Le	egal Name	Pam's Pools	& Spas			
Type of Business		Retail					64-0937114			LLC	
Full Business Addre	SS	2625 West	Oxford	Loop Suite B							
Full Billing Address				•							
Phone at Location (662) 236-5660				E	Best Phone		Fax	(662)	236-9479		
Business Email pa		pamspool	pamspools@gmail.com			Website		pamspools.com			
Years In Business	17		Average Ticket			Gross Annual Sales <u>300,000.00</u>			0		
Do you currently ha	ave cash	advance?	,	Yes W	ith who? P	rincipis Capital		Balan	ice <u>12,00</u>	0	
Current Credit Card	l Process	sor				Average	Processing Vo	lume			
Last Month Vol.		#	of Ticke	ets		2nd Month Vol.		#of Ti	ckets		
3rd Month Vol.		#	of Ticke	ets		4th Month Vol.		_ #of Ti	ckets		
Owner #1 Name	Pam Dill				Title	Ms					
Date of Birth	0620196				SSN	428-35-17	746				
Full Home Address	74 CR 18		0 11 51								
Home Phone	(662) 236-5660 Cell Pho			_				pamspools@gmail.com			
Own/Rent	\$ <u>0 Ow</u>	<u>n</u>	Years	There 6	D	rivers Lience # _8	300332821	State	MS		
Owner #2 Name					Title						
Date of Birth					SSN	-					
Full Home Address											
Home Phone			Cell Ph	ione		Email					
Own/Rent	\$		— Years	There	D	rivers Lience #		State			
Business Home Bas	ed?	No L	ocation:	Lease/Own	Leased	Lease Ter	m	Month	ly Rent	1,800.00	
Landlord / Mortgage	 e Co.	F and J Renta	als			 Cont	act	Francis Be			
Contact Phone	-			Cell	(6	62) 380-3227	Emai	I			
Bank Name/Branch	Mecha	nics Bank		Contact	Jim Neel	у	Phone	(662) 234	-4434		
Trade Reference#1	Superio	or Pool Supp	oly	Contact	Sue Lyni	n	— Phone	(888) 519	-7665		
Trade Reference#2	SCP			Contact	Blaine		— Phone	(901) 461	-0820		
Trade Reference#3	Essent	uals Spa Su	pplies	Contact	Barb		— Phone	(800) 866	-2499		
I hereby represent that all t	the above i	nformation is tru	ue and und	lerstand that mak	cing false stat	tements might be cor	nsidered fraud. By n	roviding the abo	ve informat	ion, 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	Pam Dillard	Date	03/02/2018
	 _		_	