

DBA Name	AC Capital	Legal Name	AC Capital
Type of Business	Insurance	Tax ID	046748275
Full Business Address	175 Capital Blvd, Suite 402, Rocky Hill, CT 06067		
Full Billing Address			
Phone at Location	(959) 200-4262	Best Phone	(860) 539-4111
Business Email	acarlone@sbcglobal.net	Website	
Years In Business	25	Average Ticket	
		Gross Annual Sales	220,000.00
Do you currently have cash advance?	Yes	With who?	Kabbage
		Balance	3800.00
Current Credit Card Processor			
	Average Processing Volume		
Last Month Vol.		#of Tickets	
		2nd Month Vol.	
		#of Tickets	
3rd Month Vol.		#of Tickets	
		4th Month Vol.	
		#of Tickets	

<b>Owner #1 Name</b>	Angelo Carlone	Title	Advisor
Date of Birth	05021967	SSN	cae-74-8275
Full Home Address	33 Boulder Drive		
Home Phone	(860) 539-4111	Cell Phone	
		Email	acarlone@sbcglobal.net
Own/Rent	\$ 0 Own	Years There	19
		Drivers Lience #	
		State	
<b>Owner #2 Name</b>		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.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Contact	Phone
Trade Reference#1	Contact	Phone
Trade Reference#2	Contact	Phone
Trade Reference#3	Contact	Phone

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	Angelo Carlone	Date	08/01/2019
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