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DBA Name		USPro Coatings		Legal Name		USPro Coatings & Building Restoration				
Type of Business		construction		T;	ax ID	52-2064102		_ Corp		
Full Business Addre	SS	1435 Sussex	Road							
Full Billing Address		-								
Phone at Location		(610) 642-1			Best Phone (610)		Fax			
Business Email		kenrossi1@	aol.com		Website	none				
Years In Business	ears In Business		27 Average Ti		icket		Gross Annual Sales <u>1,200,000.00</u>			
Do you currently ha	ave cash	advance?	No	With who? _			Balance			
Current Credit Card Processor					Average	Processing Volu	ime _			
Last Month Vol.		#o	of Tickets		2nd Month Vol.		#of Tick	ets		
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tick	ets		
Owner #1 Name kenneth n Rossi Title President/ TS										
Date of Birth	09/09/19	43		— SSN	176-34-65	 565				
Full Home Address	1435 sus	ssex rd		_	-					
Home Phone	(610) 64	2-1417	Cell Phone	(610) 636-0	)928 Email	kenross	si1@aol.com			
Own/Rent	\$ 0 Owi	n	Years There	D	rivers Lience # 1	.2 136 267	State	Pennsylvania		
Owner #2 Name				Title	·					
Date of Birth				 SSN						
Full Home Address					*					
Home Phone			Cell Phone		Email					
Own/Rent	\$		Years There	D	rivers Lience # _		State			
Business Home Bas	ed?	Yes Loc	ation: Lease/Ow	n Owned	Lease Ter	m	Monthly	Rent		
Landlord / Mortgage	e CoE	Bank of Ameri	ca		Conta	act	local office a	rdmore pa		
Contact Phone	_		C	ell _		Email				
Bank Name/Branch BBT BANK Contact			t ARDMO	RE PA	Phone					
Trade Reference#1			 Contac	t		Phone				
Trade Reference#2			 Contac	t		Phone				
Trade Reference#3			Contac	t		Phone				
I hereby represent that all	the above in	oformation is true	and understand that	making falso sta	tomonts might be con	sidered fraud. By pro	widing the above	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	kenneth Rossi	Date	06/28/2017