

DBA Name	Premium Insurance Group, LLC	Legal Name	Premium Ins Group LLC
Type of Business	Insurance Broker	Tax ID	452988138 Corp
Full Business Address	8826 santa fe drive ste 219, Overland Park, KS 66212		
Full Billing Address			
Phone at Location	(913) 268-4420	Best Phone	(816) 651-0908 Fax (866) 426-9755
Business Email	agent@premiuminsgroup.com	Website	www.premiuminsgroup.com
Years In Business	5	Average Ticket	Gross Annual Sales 240,000.00
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.	# of Tickets
3rd Month Vol.	# of Tickets	4th Month Vol.	# of Tickets

<b>Owner #1 Name</b>	Armond Peghee	Title	owner
Date of Birth	022216978	SSN	514-78-4109
Full Home Address	21213 w 65th st, shawnee, KS 66218		
Home Phone	(816) 651-0908	Cell Phone	(816) 651-0908 Email agent@premiuminsgroup.com
Own/Rent	\$ 0 Own	Years There	4 Drivers Lience # k00212390 State kansas
<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	48 months	Monthly Rent	939.00
Landlord / Mortgage Co.	Orion property group			Contact	Tracy Karas		
Contact Phone	(816) 714-6222	Cell		Email			

Bank Name/Branch	Bank of america	Contact	Customer Service	Phone	(888) 287-4637
Trade Reference#1	Travelers insurance	Contact	Melissa Westbrook	Phone	(913) 526-7385
Trade Reference#2	Progressive insurance	Contact	Customer Service	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	Armond Peghee	Date	12/21/2016
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