

DBA Name		Mission Pa	trol Security	LLC,	Le	gal Name	Mission Patrol	Security LLC,	
Type of Business		Security Guard Services			Tax ID		46-2475447		LLC
Full Business Addre	SS	802 Sissom	RD Apt 3						
Full Billing Address			•						
Phone at Location					E	Best Phone (91	.2) 507-8344	Fax	
Business Email	esk9llc@gmail.com			1		Website	www.missionp	www.missionpatrolsecurity.com	
Years In Business		5	Avera	age Ticl	ket		Gross Annual S	Sales <u>204,763.0</u>	00
Do you currently ha	ave cash	advance?	No	V	Vith who? _			Balance	
Current Credit Card Processor						Averag	e Processing Volu	me	
Last Month Vol.		#	of Tickets			2nd Month Vol		#of Tickets	
3rd Month Vol.		#	of Tickets			4th Month Vol		#of Tickets	
Owner #1 Name	ALFRED J				Title	100			
Date of Birth	05-20-19				SSN	041-02-	7136		
Full Home Address		m RD Apt 3							
Home Phone	(912) 507	7-8344	Cell Phone	-	(912) 507-8	344 Email	esk9llc@	@gmail.com	
Own/Rent	\$ <u>0 Ren</u>	t	Years There	6	Dı	rivers Lience #	37246551	StateTX	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					55.1				
Home Phone			Cell Phone			Email			
Own/Rent	\$		- Years There		Dı	rivers Lience #		State	
Business Home Bas	sed?	Yes Lo	cation: Leas	e/Own	Leased	Lease Te	erm 7 months	Monthly Rent	325.00
Landlord / Mortgage	e Co. M	lorris Real E	state			 Con	tact	(254) 634-8852	
Contact Phone	_	254) 634-88	52	Cell	(2	54) 634-8852	 Email		
Bank Name/Branch	Navy Fe Union	ederal Credi	t C	ontact	(888) 84	42-6328	Phone	(888) 842-6328	
Trade Reference#1				ontact			Phone		
Trade Reference#2				ontact			Phone		
Trade Reference#3				ontact			Phone		
		formation is true	a and understan	d that ma		coments might be s	onsidered fraud. By pro	viding the above informa	ation 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 ALFRED JEAN	Date	07/16/2018
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