

DBA Name	orlando pool care		Legal Name	orlando pool care	
Type of Business	construction and design		Tax ID	20-2325055	Corp
Full Business Address	2250 lee rd				
Full Billing Address					
Phone at Location	(407) 829-4487		Best Phone		Fax
Business Email	info@opbyd.com		Website	orlandopoolcare.com	
Years In Business	15	Average Ticket		Gross Annual Sales	3,000,000.00
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>	matt szafran		Title	pres	
Date of Birth	11-19-1972		SSN	131-52-3585	
Full Home Address	158 ward dr winter park 32789				
Home Phone	(321) 663-1398	Cell Phone		Email	matt@opbyd.com
Own/Rent	\$ 0 Own	Years There	8	Drivers Lience #	s165556724190 State fl
<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	matt szafran	Date	08/01/2016
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