

Tay   Display   Display	DBA Name		PONCE & REYNA INSURANCE AGENCY			Legal Name	PONCE & F	PONCE & REYNA INSURANCE		
Full Business Address Full Business Address Full Business Address Full Business Address Phone at Location  (630) 892-1050  Best Phone (630) 939-0176  Fax (630) 892-1162  Business Email fjponce@yahoo.com Website www.poncereyna.com  Years In Business  5			-			Tax ID	45286114	9	LLC	
Phone at Location			735 N LAKE S	T. AURORA IL	60506					
No	Full Billing Address									
Years In Business         5         Average Ticket         Gross Annual Sales         720,000.00           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           Owner #1 Name Date of Birth O5/27/1945         5SN 319-92-9324         #of Tickets           Full Home Address Home Phone (630) 939-0176         Cell Phone (630) 939-0176 Email fiponce@yahoo.com         Interest of the processor           Own/Rent \$0 Own         Years There Years There Years         Title SSN         SSN           Full Home Address Home Address Home Address Home Phone Cell Phone Sylvers Lience # Drivers Lience # State         State           Business Home Based?         No Location: Lease/Own Owned Lease Term Monthly Rent           Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent         Monthly Rent           Contact Phone         Cell Email Email	Phone at Location		(630) 892-10	50		Best Phone (6	30) 939-0176	Fax	(630) 892-1162	
Do you currently have cash advance?  Current Credit Card Processor  Last Month Vol.  #of Tickets  2nd Month Vol.  #of Tickets  Date of Birth  05/27/1945  SSN  319-92-9324  Full Home Address Home Phone  (630) 939-0176  Cell Phone  (630) 939-0176  Date of Birth  Date of Birth  Date of Birth  Own/Rent  SSN  Full Home Address Home Phone  Cell Cell Phone  Cell Phone  Cell Cell Phone  Cell Cell Cell Phone  Cell Cell Cell Cell Cell Cell Cell Ce	Business Email		fjponce@yahoo.com			Website	www.ponc	ereyna.com		
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           Owner #1 Name         JULIO PONCE         Title         CEO           Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Address           Home Phone         (630) 939-0176         Cell Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience # P52042345151         State         IL           Owner #2 Name         Title         SSN         Title         Image: SSN	Years In Business		5 Average Ticket				Gross Annu	al Sales	720,000.00	
Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           Owner #1 Name         JULIO PONCE         Title         CEO           Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience # P52042345151         State         IL           Owner #2 Name         Title         SSN         SSN         Full Home Address         Full Home Address         Fund         Fund         State         IL           Home Phone         Cell Phone         Email         State         State         Fund         State         State         Fund         State         Fund	Do you currently h	ave cash a	advance?	No	With who?			Bal	ance	
Owner #1 Name         JULIO PONCE         Title         CEO           Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Address         110 WATERBURY CIR           Home Phone         (630) 939-0176         Cell Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience # P52042345151         State         IL           Owner #2 Name         Title         SSN         Title         Titl	Current Credit Card	d Processo	or			Avera	ge Processing \	olume/		
Owner #1 Name         JULIO PONCE         Title         CEO           Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Phone         (630) 939-0176         Cell Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience # P52042345151         State         IL           Owner #2 Name         Title         SSN         Title         Title </td <td>Last Month Vol.</td> <td></td> <td> #of</td> <td>Tickets _</td> <td></td> <td>2nd Month Vo</td> <td>ol</td> <td> #of</td> <td>Tickets</td>	Last Month Vol.		#of	Tickets _		2nd Month Vo	ol	#of	Tickets	
Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Phone         (630) 939-0176         Cell Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience #         P52042345151         State         IL           Owner #2 Name         Title         SSN         Funil         SSN           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Cell         Email	3rd Month Vol.		#of	Tickets _		4th Month Vo	ol	#of	Tickets	
Date of Birth         05/27/1945         SSN         319-92-9324           Full Home Address         110 WATERBURY CIR         Full Home Phone         (630) 939-0176         Cell Phone         (630) 939-0176         Email         fjponce@yahoo.com           Own/Rent         \$ 0 Own         Years There         10         Drivers Lience #         P52042345151         State         IL           Owner #2 Name         Title         SSN         Funil         SSN           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Cell         Email										
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Home Phone   (630) 939-0176   Cell Phone   (630) 939-0176   Email   fjponce@yahoo.com			<u> </u>							
Own/Rent         \$ 0 Own         Years There         10         Drivers Lience # P52042345151         State         IL           Owner #2 Name         Title           Date of Birth         SSN         SSN           Full Home Address         Home Phone         Cell Phone         Email           Own/Rent         Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Contact         Contact         Email										
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Services	Home Phone							nce@yahoo.c	om	
Date of Birth  Full Home Address  Home Phone  Cell Phone  Prears There  Drivers Lience #  State  Business Home Based?  No Location: Lease/Own  Contact Phone  Cell Phone  Email  Drivers Lience #  Contact  Email  Monthly Rent  Email	Own/Rent	\$ <u>0 Own</u>		Years There	10	Drivers Lience #	P52042345151	State	<u>IL</u>	
Date of Birth  Full Home Address  Home Phone  Cell Phone  Drivers Lience #  State  Business Home Based?  No Location: Lease/Own  Contact Phone  Cell Phone  Email  Drivers Lience #  Contact  Contact  Email	Owner #2 Name				Tit	ام				
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Landlord / Mortgage Co.  Contact Phone  Cell  Email	Business Home Bas	ed?	No Loca	tion: Lease/O	wn Owne	d Lease T	erm	Mon	thly Rent	
Contact Phone Cell Email				·		 Co	ntact		, <u>——</u>	
Bank Name/Branch CHASE BANK Contact DAVID MUNOZ Phone (630) 393-8980		_			Cell _		Em	ail _		
	Bank Name/Branch	CHASE I	BANK	Conta	ct DAVID	MUNOZ	Phone	(630) 3	93-8980	
Trade Reference#1 BUSINESS SOLUTIONS Contact ANTONIO HERNANDEZ Phone (630) 640-9060		<del></del>			-			-		
Trade Reference#2 ERM BUSINESS SERVICES Contact EDGAR RUIZ Phone (847) 619-0200	Trade Reference#2	ERM BU	ERM BUSINESS SERVICES Contact EDGA			RRUIZ	 Phone	(847) 6	19-0200	
Trade Reference#3 JJR MARKETING Contact Jackie Camacho Phone (630) 455-2333	Trade Reference#3	JJR MAR	KETING	Conta	ct Jackie	Camacho	Phone	(630) 4	55-2333	

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 authorized 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	JULIO PONCE	Date	01/06/2017
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