

DBA Name	POWER HOME SOLAR		Legal Name	POWER HOME SOLAR	
Type of Business	solar		Tax ID	300839854	LLC
Full Business Address	919 NORTH MAIN ST				
Full Billing Address					
Phone at Location	(704) 800-6078		Best Phone		Fax
Business Email	kgarcia@powerhome.com		Website	www.powerhome.com	
Years In Business	3	Average Ticket		Gross Annual Sales	45,000,000.00
Do you currently have cash advance?	Yes	With who?	CITIZENS BANK		Balance 425000
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	KEVIN KLINIK		Title	CMO	
Date of Birth	09-17-1979		SSN	467-49-8926	
Full Home Address	156 BAYBERRY CREEK CR.				
Home Phone	(704) 956-1169	Cell Phone		Email	kevinklink@powerhome.com
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	34687759
				State	NORTH CAROLINA
Owner #2 Name	JAYSON WALLER		Title	PRESIDENT	
Date of Birth			SSN	601-40-7763	
Full Home Address	15603 JUNE WASHAM RD. DAVIDSON NC 28036				
Home Phone	(704) 956-1369	Cell Phone		Email	jwaller@powerhome.com
Own/Rent	\$ Own	Years There		Drivers Lience #	22111555
				State	NORTH CAROLINA

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	ISI PROPERTIES			Contact	KEVIN KLINK
Contact Phone	(704) 956-1169	Cell		Email	kevinklink@powerhome.com

Bank Name/Branch	AQUESTA BANK	Contact	PAT SQUIRES	Phone	(704) 439-1451
Trade Reference#1	MCNAUGHTON MCKAY	Contact	VICKKI COLWICK	Phone	(864) 234-8542
Trade Reference#2	CED GREENTECH	Contact	JUSTIN STEINKE	Phone	(904) 669-9442
Trade Reference#3	SUPERIOR DISTRIBUTION	Contact	JOHN SAUNDERS	Phone	(704) 522-3735

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

KEVIN KLINIK

Date

02/06/2018