

DBA Name	PONCE & REYNA INSURANCE AGENCY		Legal Name	PONCE & REYNA INSURANCE	
Type of Business	INSURANCE		Tax ID	452861149	LLC
Full Business Address	735 N LAKE ST. AURORA IL 60506				
Full Billing 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	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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	JULIO PONCE		Title	CEO	
Date of Birth	05/27/1945		SSN	319-92-9324	
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
<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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	CHASE BANK	Contact	DAVID MUNOZ	Phone	(630) 393-8980
Trade Reference#1	BUSINESS SOLUTIONS	Contact	ANTONIO HERNANDEZ	Phone	(630) 640-9060
Trade Reference#2	ERM BUSINESS SERVICES	Contact	EDGAR RUIZ	Phone	(847) 619-0200
Trade Reference#3	JJR MARKETING	Contact	Jackie Camacho	Phone	(630) 455-2333

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 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	JULIO PONCE	Date	01/06/2017
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