

DBA Name		Wang's roofing			egal Name	Wang's roofin	Wang's roofing		
Type of Business		Roofing			ax ID	46-1675547	46-1675547		
Full Business Addre	ess <u>10</u>)95 bancroft av	e san leand	dro ca 94577					
Full Billing Address	_								
Phone at Location	<u>(</u>	(510) 470-8233			Best Phone (510) 470-8233 Fax				
Business Email	<u> </u>	Wangsroofing@gmail.com			Website				
Years In Business	<u>5</u> Av			age Ticket		Gross Annual S	Gross Annual Sales 350,000.00		
Do you currently ha	ave cash ad	vance?	No	With who?			Balance		
Current Credit Card Processor					_ Averag	e Processing Volu	me		
Last Month Vol.		#of Tic	kets _		2nd Month Vol		#of Tickets		
3rd Month Vol.		#of Tic	kets _		4th Month Vol		#of Tickets		
Owner #1 Name	Chih I Wang			Title	e Presisen	t			
Date of Birth	03-31-1985			SSN					
Full Home Address		oft ave san leand	ro ca 94577	_					
Home Phone	(510) 470-8233 Cell Phone (510) 470-8233 Email davidwang331@gmail.com								
Own/Rent	\$ 0 Rent	 Yea	rs There	1 [Drivers Lience #	 D4035075	State CA		
							_		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell	Phone		Email				
Own/Rent	\$	Yea	rs There		Privers Lience #		State		
Business Home Bas	sed? Ye	es Locatio	n: Lease/Ov	wn <u>Lease</u> c	Lease Te	erm	Monthly Rent	2,500.00	
Landlord / Mortgage	e Co				Con	tact .			
Contact Phone				Cell _		Email			
Bank Name/Branch	Bank of A	merica	Contac	ct		Phone			
Trade Reference#1	_		— Contac	ct		Phone			
Trade Reference#2			— Contac	ct		Phone			
Trade Reference#3			— Contac	ct		Phone			
I hereby represent that all	the above infor	mation is true and u	inderstand tha	t making false sta	atements might be co	onsidered fraud. By pro	viding the above informa	tion, 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	Chih I Wang	Date	05/19/2017
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