

DBA Name		Impact AEV Services			Le	egal Name	Impact AEV Services		
Type of Business		Propert	y Managei	ment/ Constru	uctionT	ax ID	277422146		Sole Prop
Full Business Addre	SS	1350 Ea	st 14th Str	eet					
Full Billing Address									
Phone at Location	(302) 2	(302) 264-6585			Best Phone		Fax		
Business Email		wmaye	rii@gmail.	com		Website			
Years In Business		10		Average Tick	et		Gross Annua	l Sales <u>132,000</u> .	00
Do you currently ha	ave cash	n advance?		No W	ith who? _			Balance	
Current Credit Card Processor					Average	Processing Vo	lume		
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	william				Title				
Date of Birth	09041959			SSN		150-58-69)27		
Full Home Address	1350 Ea	ast 14th Stre							
Home Phone	(302) 20	64-6585	Cell Ph	none ((302) 264-6	585 Email	wmay	rerii@gmail.com	
Own/Rent	\$ <u>0 Re</u>	ent	_ Years	There 3	D	rivers Lience # $\frac{1}{2}$	297638	StateDE	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					3311				
Home Phone			Cell Ph	none		Email			
Own/Rent	\$		— Years	_		rivers Lience #		State	
Ownification	Ψ <u> </u>					Tively Licitee "			
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Terr	m <u>OPEN</u>	Monthly Rent	550.00
Landlord / Mortgage	e Co.	Jeffrey Cha	andler			Conta	act	Jeffrey Chandler	
Contact Phone		(302) 669-	8316	Cell	<u>(3</u>	802) 669-8316	Ema	il	
Bank Name/Branch	Td Baı	nk		Contact	Deborah	n Aden	Phone	(302) 655-5031	
Trade Reference#1 Robert Schneider			Contact	3023839	9790	Phone			
Trade Reference#2				Contact			— Phone		
Trade Reference#3				Contact			Phone		
I hereby represent that all	the ahove	information is	true and unc	lerstand that mal	cing false sta	tements might he con	sidered fraud. Rv r	providing the above inform	ation 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	William Mayer	Date	07/16/2018
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