MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name Rev2 Networks Inc.			ks Inc.	Le	egal Name	Rev2 Netwo	Rev2 Networks Inc.		
Type of Business		Risk Mgmt S	oftware Developi		ax ID	20-5370467	1	Corp	
Full Business Addre	SS	7 Brookdell D						_ '	
Full Billing Address									
Phone at Location (914) 288-8403			Ī	Best Phone (9:	14) 288-8403	Fax			
Business Email		ebraswell30	@gmail.com						
Years In Business		11	Average Tic	ket		Gross Annua	00.00		
Do you currently ha	ve cash	advance?	No \	With who? _			 Balanc	e	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of	Tickets		2nd Month Vo	l	#of Tick	kets	
3rd Month Vol.		#of	Tickets		4th Month Vo	l	#of Tick	kets	
Owner #1 Name	Elaine Bra			Title	CEO/CF	0			
Date of Birth	03/30/19			SSN	104-66-	4277			
Full Home Address	7 Brookde	ell Drive							
Home Phone	(914) 949	9-6875 (Cell Phone	(914) 843-2	233 Email	ebras	swell30@yahoo.d	com	
Own/Rent	\$ <u>0 Own</u>	<u> </u>	Years There 11	D	rivers Lience #	900937625	State	New York	
O // 2 N				T !					
Owner #2 Name Date of Birth				Title SSN					
Full Home Address									
Home Phone		(Cell Phone		Email				
Own/Rent	\$		Years There	D	rivers Lience #		State		
			_						
Business Home Bas	ed?	Yes Loca	tion: Lease/Own	Owned	Lease Te	erm	Monthly	Rent	
Landlord / Mortgage	Co. <u>C</u>	hase Home Fi	nance		Cor	ntact	Chase Home	e Finance	
Contact Phone	3)	877) 496-3138	Cel	l _		Ema	il		
Bank Name/Branch	Webste	r Bank	Contact			Phone	(800) 999-9	9995	
Trade Reference#1	CNA Ins	surance	Contact	rep		Phone	(877) 276-7	7505	
Trade Reference#2	AVnet T	echnology	Contact	rep		Phone	(800) 628-1	1713	
Trade Reference#3	Citrix O	nline , LLC	Contact	rep		Phone	(805) 690-6	5400	

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	Elaine Braswell	Date	10/25/2017
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