MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Kyle

DBA Name	N/A			Le	_Legal NameRosso Accountancy Corpora			ration		
Type of Business	Public Accounting			g	Т	ax ID	45-3602956	45-3602956		Corp
Full Business Addre	SS	17 E. Ai	rway Blvd.	, Livermore, (CA 94551					
Full Billing Address										
Phone at Location	(925) 449-0100				Best Phone (925	Fax	(925)	449-0607		
Business Email		randy@rossocpa.com				Website	www.rossocpa.com			
Years In Business		5		Average Ticl	ket		Gross Annua	l Sales <u>32</u>	5,000.0	0
Do you currently ha	ave cas	sh advance	?	Yes W	/ith who? _			Balanc	e <u>12,89</u>	3
Current Credit Card	d Proce	ssor				_ Average	Processing Vo	lume _		
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Ticl	kets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Ticl	kets	
Owner #1 Name		Rosso			Title	-				
Date of Birth	14-06-				SSN	560-70-1	198			
Full Home Address		eenfield Driv	e, Moraga, (———							
Home Phone	(925)	286-2063	Cell P	hone -	(925) 286-2	2063 Email	randy	@rossocpa.com	1	
Own/Rent	\$ <u>0 C</u>	Own	Years	There 12	D	Privers Lience # 1	N7922588	State	Califor	rnia
Owner #2 Name					Title	1				
Date of Birth					SSN	-				
Full Home Address										
Home Phone			Cell P	hone		Email				
Own/Rent	\$		Years	There		orivers Lience #		State		
Business Home Bas	ed?	No	Location	: Lease/Own	Leased	Lease Ter	m 1 year	Monthly	Rent	2,775.00
Landlord / Mortgage	-	Baca Pro				 Cont		Leasing Offi		
Contact Phone		(925) 245		Cell			Ema			
				_	_					
Bank Name/Branch	Wells	s Fargo Bar	ık	Contact			Phone	(925) 376-5	5182	
Trade Reference#1				Contact			Phone			
Trade Reference#2				Contact			— Phone			
Trade Reference#3				- Contact			Phone			
I hereby represent that all	the abov	e information	is true and un	derstand that ma	king false sta	stements might he cor	nsidered fraud. By r	roviding the abov	e informat	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	Randy Rosso	Date	12/22/2016