

DBA Name		Decorati	ve Archit	ectural Shap	es.com_L	egal N	lame	Gre	en Wall Co	nstructio	n		
Type of Business		Construction			7	_Tax ID		26-	26-4145292				LLC
Full Business Addre	SS	3261 Phi	lips HWY										
Full Billing Address													
Phone at Location		(904) 345-5400				Best Phone <u>(904)</u>		4) 900-	900-8038 Fax				
Business Email		irynadavis@royalfoam.us				Website		ww	www.royalfoam.us				
Years In Business		7 Average Tick			ket		Gros	Gross Annual Sales 500,000			00		
Do you currently ha	ave cash	advance?		Yes V	Vith who?	Rapid	Advance			Bala	nce <u>6,50</u>)	
Current Credit Card	l Process	or		-		_	Average	e Proce	ssing Volur	me			
Last Month Vol.			#of Ticke	ets		2nd	Month Vol.			#of T	ickets		
3rd Month Vol.			#of Ticke	ets		4th I	Month Vol.			#of T	ickets		
Owner #1 Name	Valentyn	Kulhaka			Title	۵	president	ŀ					
Date of Birth	Valentyn Kulbaka 11/17/1969				SSN		772-60-5545						
Full Home Address	9745 Touchton Rd, #3104				331	•							
Home Phone	(904) 48!		Cell Ph	none			Email		valentyn	ı69@gmai	l.com		
Own/Rent			— Years	There 7	 Drivers Lience #		K41287				DRIDA		
			-				_			_			
Owner #2 Name					Title	е							
Date of Birth					SSN	١							
Full Home Address													
Home Phone			Cell Ph	none			Email —						
Own/Rent	\$		Years	There	[Drivers	Lience # _			_State			
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	d	Lease Ter	rm		Montl	hly Rent	6,250.00	
Landlord / Mortgage	e Co.						- Conta	act					
Contact Phone	_			Cel	l _				Email				
Bank Name/Branch				Contact					Phone				
Trade Reference#1				Contact					Phone				
Trade Reference#2				Contact					Phone –				
Trade Reference#3				Contact				_	Phone				
I hereby represent that all	he above in	formation is	true and unc	lerstand that ma	aking false st	atement	s might be cor	nsidered	fraud. By prov	iding the al	nove informa	ation, the applic	cant(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	Valentyn Kulbaka	Date	07/24/2017
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