

Type of Business	DBA Name		Kalco Resourc	es Inc	Leg	Legal Name		Kalco Resources Inc	
Phone at Location	Type of Business		Construction		 Tax	Tax ID		251854398	
Phone at Location	Full Business Addre	ss 2	241 Oscar Driv	e, Brockport PA	15823				
Business Email Life.kalco@gmail.com	Full Billing Address	_							
Years In Business 18 Average Ticket Gross Annual Sales 215,000.00 Do you currently have cash advance? Yes With who? Vader Services Balance 7000 Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Jeffrey Larson Title Pres Date of Birth 12/20/68 SSN 208-48-4260 Full Home Address 75 Ida Lane, Brockport PA 15823 For State Annual Sales State Home Phone (814) 591-8198 Cell Phone Email Ife kalco@gmail.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # 21706488 State PA Owner #2 Name Date of Birth Cell Phone Email Date of Birth Years There Drivers Lience # 21706488 State Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co.	Phone at Location		(610) 709-486	58	Be	Best Phone (610)		Fax	
Do you currently have cash advance?	Business Email		Lfe.kalco@gm	ail.com		Website			
Current Credit Card Processor Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Jeffrey Larson Title Pres Date of Birth 12/20/68 SSN 208-48-42-60 Full Home Address 75 Ida Lane, Brockport PA 15823 Home Phone [814) 591-8198 Cell Phone Email Ife.kalco@gmail.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # 21706438 State PA Owner #2 Name Date of Birth SSN SSN SSN State PA Owner #2 Name Cell Phone Email Email SSN State PA Divers Lience # 21706438 State PA SSN SSN <td>Years In Business</td> <td><u>:</u></td> <td>18</td> <td>Average Ticl</td> <td>ket</td> <td></td> <td>Gross Annual S</td> <td>Sales <u>215,000.00</u></td> <td></td>	Years In Business	<u>:</u>	18	Average Ticl	ket		Gross Annual S	Sales <u>215,000.00</u>	
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name Jeffrey Larson Titlle Pres Date of Birth 12/20/68 SSN 208-48-4260 Full Home Address 75 Ida Lane, Brockport PA 15823 Home Phone [614) 591-8198 Cell Phone Email Ife.kalco@gmail.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # 21706488 State PA Own/Rent \$ 0 Own Years There 25 Drivers Lience # 21706488 State PA Pull Home Address Home Phone Cell Phone Email State PA Own/Rent \$ Years There Drivers Lience # 21706488 State PA Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Email Bank Name/Branch CNB Contact Lori Phone (814) 265-8512 Brockway Landscape Supply Contact Anton Phone (814) 265-8512	Do you currently ha	ave cash a	dvance?	Yes W	/ith who? <u>Va</u>	der Services		Balance 7000	
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Owner #1 Name Jeffrey Larson Title Pres Date of Birth 12/20/68 5SN 208-48-4260 Full Home Address 75 Ida Lane, Brockport PA 15823 Full Home Address Iffe.kalco@gmail.com Home Phone (814) 591-8198 Cell Phone Email Iffe.kalco@gmail.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # 21706488 State PA Owner #2 Name Title SSN Email SSN Full Home Address Home Phone Cell Phone Email State Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Lori Email Bank Name/Branch CNB Contact Lori Phone (814) 375-6800 Trade Reference#1 Brockway Landscape Supply Contact Anton Phone (814) 265-8512	Last Month Vol.		#of T	ickets	2	nd Month Vol.		#of Tickets	
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Full Home Address 75 Ida Lane, Brockport PA 15823	Owner #1 Name	Jeffrey Lar	son		Title	Pres			
Home Phone	Date of Birth	12/20/68			SSN	208-48-42	60		
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Trade Reference#1 Brockway Landscape Supply Contact Anton Phone (814) 265-8512 Trade Reference#2 Morelli Sales & Services Contact Darren Phone (814) 265-1330	Contact Phone			Cell			Email		
Trade Reference#1 Supply Contact Anton Phone (814) 265-8312 Trade Reference#2 Morelli Sales & Services Contact Darren Phone (814) 265-1330	Bank Name/Branch	CNB		Contact	Lori		Phone	(814) 375-6800	
	Trade Reference#1		y Landscape	Contact	Anton		Phone	(814) 265-8512	
Trade Reference#3 Raspatello Excavating Contact Rick Phone (814) 594-3908	Trade Reference#2	Morelli S	Sales & Service	s Contact	Darren		Phone	(814) 265-1330	
	Trade Reference#3	Raspate	llo Excavating	Contact	Rick		Phone	(814) 594-3908	

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	Jeffrey Larson	Date	01/25/2018