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DBA Name		AV Tecknologies			Legal Name Tax ID		AV Tecknologies		
Type of Business		-	Business Services)	26-3001593		Sole Prop
Full Business Addre	SS	10 Century	y Biva						
Full Billing Address		(615) 406	0153			DI (C15)	406 0153		(615) 220 2014
Phone at Location			(615) 496-8153			Phone (615)		Fax	(615) 230-2814
Business Email	darren@avteck.co			_		Website	www.avteck.com		
Years In Business		12	Averag	ge Ticket			Gross Annua		320,000.00
Do you currently ha	ave casl	n advance?	Yes	With	n who? <u>Relia</u>	nt Funding		_ Bala	ance 25,850.00
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#	of Tickets		2nd	d Month Vol.		#of 7	Tickets
3rd Month Vol.		#	of Tickets		4th	Month Vol.		_ #of 7	Tickets
Owner #1 Name	DARRE	N ELLIS			Title	Owner			
Date of Birth	03-14-1	1965			SSN	0066-2-0	1		
Full Home Address	188 Bu	shs Ln							
Home Phone	(615) 2	30-2814	Cell Phone	(61	15) 496-8153	Email	darrer	n@avteck.co	om
Own/Rent	\$ 0 Ov	wn	— Years There	12	Driver	— s Lience # _09	 95523293	State	Tennessee
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Driver	s Lience #		State	
Business Home Bas	ed?	No L	ocation: Lease	/Own	Owned	Lease Tern	n	Mont	hly Rent
Landlord / Mortgage	e Co.	Chase Bank				Conta	ct	Chase Ba	ank
Contact Phone		(877) 496-33	138	Cell	(877)	496-3138	Emai	ı <u> </u>	
Bank Name/Branch	Fort S	ill National B	ank Cor	tact			Phone	(800) 74	9-4583
Trade Reference#1			Cor	tact			– Phone	-	
Trade Reference#2			Cor	tact –			– Phone	-	
Trade Reference#3				tact _			– Phone		

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	DARREN ELLIS	Date	11/30/2017
Signature# 1	Timeed Name		Dute	11/50/2017