

DBA Name	fire alarm systems and security		Legal Name	Fire Alarm Systems and Security	
Type of Business	fire and security systems		Tax ID	651026585	Corp
Full Business Address	3901 sw 47th avenue #408				
Full Billing Address					
Phone at Location	(954) 327-8670		Best Phone	(954) 658-2770	Fax (954) 327-8674
Business Email	eneilinger@fass-fla.com		Website	www.fass-fla.com	
Years In Business	20	Average Ticket		Gross Annual Sales	4,500,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Eric Neilinger+		Title	president	
Date of Birth	11/12/1954		SSN	264-78-4528	
Full Home Address	6810 sw 42 court davie, fl. 33314				
Home Phone	(954) 658-2770	Cell Phone	(954) 658-2770	Email	eneilinger@fass-fla.com
Own/Rent	\$ 0 Own	Years There	40	Drivers Lience #	N452201524120 State florida
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	New Town Commerce Center			Contact	Pat
Contact Phone	(954) 981-1154	Cell		Email	

Bank Name/Branch	wells fargo davie	Contact	kevin vega	Phone	(954) 791-4978
Trade Reference#1	honeywell	Contact	laura linneat	Phone	(918) 403-9428
Trade Reference#2	a1 security	Contact	jerry	Phone	(954) 920-6479
Trade Reference#3	choice wire	Contact	robert	Phone	(954) 703-1100

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Eric Neilinger+	Date	10/03/2019
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