

DBA Name		American Building Components Corp. Legal Name						American Building Components Corp.				
Type of Business		construction sub contractor				Tax II)	American Building Components Corp.			Corp	
Full Business Addre	:SS	235 Mair	n Ave.			<u></u>						
Full Billing Address												
Phone at Location		(203) 35	54-6576			Best	Phone (203)	354-6576	Fax	(203)	354-6577	
Business Email	abccorp10@yahc			o.com			Website					
Years In Business		8 yr		Average	Ticket			Gross Annual	Gross Annual Sales 600,000.00			
Do you currently h	ave cash	advance?		No	With	who?			_ Balar	nce		
Current Credit Card	d Process	or					Average	Processing Vol	ume			
Last Month Vol.			#of Ticke	ets _		2n	d Month Vol.		#of Ti	ckets		
3rd Month Vol.		#of Tickets				4t	h Month Vol.	#of Tickets				
Owner #1 Name	Robert O	'Brien				Title	President					
Date of Birth	0516195	1				SSN	041-46-96	36				
Full Home Address	16 Scott	St.										
Home Phone	(203) 354	4-6576	Cell Ph	none	(20	3) 354-6576	Email	abccor	p10@yahoo.	com		
Own/Rent	\$ <u>0 Owr</u>	า	 Years	There	32	Drive	rs Lience #		State	ct		
Owner #2 Name						Title						
Date of Birth						SSN						
Full Home Address						55.1						
Home Phone			Cell Ph	none			Email					
Own/Rent	\$		Years	There		Drive	rs Lience #		State			
Business Home Bas	sed?	No	Location:	Lease/C)wn	Leased	Lease Terr	n 3yr	Month	ly Rent	1,650.00	
Landlord / Mortgage	 e Co		•		•		— Conta	ct				
Contact Phone	_				Cell			Email				
Bank Name/Branch	webste	r bank		Conta	act			Phone				
Trade Reference#1				Conta	ect _			 Phone				
Trade Reference#2	-			Conta	act –			– Phone				
Trade Reference#3				Conta	ect _			– Phone				
I hereby represent that all	the above ir	nformation is	true and und	lerstand th	at making	false stateme	ents might be cons	sidered fraud. By pr	oviding the ab	ove informa	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	Robert O'Brien	Date	10/19/2016