

DBA Name	Gannon Pest Control		Legal Name	Gannon Pest Control	
Type of Business	Pest Control		Tax ID	16-1537587	Corp
Full Business Address	2925 Milton Ave				
Full Billing Address					
Phone at Location	(315) 454-8672		Best Phone	(315) 447-6723	Fax (315) 454-8673
Business Email	jennifer@gannonpestcontrol.com		Website	www.gannonpestcontrol.com	
Years In Business	19	Average Ticket		Gross Annual Sales	1,451,000.00
Do you currently have cash advance?	Yes	With who?		Balance	110,000
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	Jennifer Savastino		Title	Vice President	
Date of Birth	03/18/1972		SSN	107-70-7623	
Full Home Address	5194 Forest Edge Drive Syracuse NY 13215				
Home Phone	(315) 454-8672	Cell Phone	(315) 447-6723	Email	jennifer@gannonpestcontrol.com
Own/Rent	\$ 0 Own	Years There	9	Drivers Lience #	997158048
				State	NY
Owner #2 Name	William C Viel		Title	President	
Date of Birth			SSN	086-42-3057	
Full Home Address	105 Boulder Road Solvay NY 13209				
Home Phone	(315) 488-6356	Cell Phone	(315) 243-6467	Email	bill@gannonpestcontrol.com
Own/Rent	\$ Own	Years There	35	Drivers Lience #	103491077
				State	NY

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	3 Years	Monthly Rent	4,950.00
Landlord / Mortgage Co.	2925, LLC			Contact	Greg Kinane		
Contact Phone	(315) 468-6201	Cell		Email	greg@kinaneco.com		

Bank Name/Branch	Solvay Bank	Contact		Phone	(315) 488-9175
Trade Reference#1	NewChannel 9	Contact		Phone	(585) 287-8005
Trade Reference#2	Univar	Contact	Elvia Amaro	Phone	(888) 803-3174
Trade Reference#3		Contact		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 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

Jennifer Savastino

Date

01/23/2017