

DBA Name	ALAMO GLASS PROS.		Legal Name	H & J ALAMO AUTO GLASS	
Type of Business	AUTO, RESIDENTIAL & COMMERCIAL		Tax ID	74-2862402	Corp
Full Business Address	11555 PELLICANO DR.				
Full Billing Address					
Phone at Location	(915) 590-9933	Best Phone	(915) 491-9687	Fax	(915) 590-6373
Business Email	juamunoz@sbcglobal.net		Website	www.alamoglasspros.com	
Years In Business	23	Average Ticket		Gross Annual Sales	1,500,000.00
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	JUAN MUNOZ		Title	President	
Date of Birth	11/12/1972		SSN	451-63-6060	
Full Home Address	550 Sunhaven				
Home Phone	(915) 491-9687	Cell Phone	(915) 491-9687	Email	juamunoz@sbcglobal.net
Own/Rent	\$ 0 Own	Years There	23	Drivers Lience #	06224731
				State	TEXAS
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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	ESCROW, INC.			Contact			
Contact Phone	(915) 855-6298	Cell		Email			

Bank Name/Branch	FIRST SAVINGS BANK	Contact	OSCAR BELTRAN	Phone	(915) 856-8700
Trade Reference#1	ARIZONA SHOWER DOOR, ONC	Contact		Phone	(602) 447-0000
Trade Reference#2	GLAZ-TECH INDUSTRIES	Contact	CESAR	Phone	(575) 589-4970
Trade Reference#3	STAPLES ADVANTAGE	Contact		Phone	(888) 224-3784

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

JUAN MUNOZ

Date

06/20/2018