

DBA Name	Cisco Fire Sprinklers Inc.		Legal Name	Cisco Fire Sprinklers Inc.	
Type of Business	Fire Protection Contractor		Tax ID	943316522	Corp
Full Business Address	223 Baker st. Copperopolis, CA. 95228				
Full Billing Address					
Phone at Location	(209) 785-2643		Best Phone	(209) 401-3772	Fax (209) 785-3704
Business Email	ira@ciscofiresprinklers.com		Website	ciscofiresprinklers.com	
Years In Business	30	Average Ticket		Gross Annual Sales	3,400,000.00
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.	

<b>Owner #1 Name</b>	Ira Eads		Title	President	
Date of Birth	06-19-1973		SSN	567-99-0103	
Full Home Address	3065 Colt Ln. Copperopolis, CA.				
Home Phone	(209) 401-3772	Cell Phone	(209) 401-3772	Email	ira@ciscofiresprinklers.com
Own/Rent	\$ 0 Own	Years There	12	Drivers Lience #	A4782874
				State	CA
<b>Owner #2 Name</b>			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.	Ira Eads			Contact	209-401-3772		
Contact Phone	(209) 536-1000	Cell	(209) 614-1959	Email	modestoregion@westamerica.com		

Bank Name/Branch	US Bank Angels Camp	Contact	David Whaley	Phone	(209) 736-2531
Trade Reference#1	Core & Main Supply	Contact	Home Point Financial	Phone	(800) 686-2404
Trade Reference#2	West America Bank	Contact	Cindy	Phone	(209) 536-1000
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	Ira Eads	Date	02/14/2019
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