

DBA Name		KP ACCOU	NTING & TAX SE	RVICE LLC Legal Name		KP A	KP ACCOUNTING & TAX SERVICE LLC		
Type of Business		Tax & Acco	ounting	Tax ID		20-5	021437	LLC	
Full Business Addre	:SS	4369 S HOV	WELL AVE STE 20	02					
Full Billing Address									
Phone at Location	Phone at Location		(414) 810-3185		Best Phone (41		185 Fax	(414) 435-3157	
Business Email	Business Email E		BGARRETT@KP-ACCOUNTI		NG.COM Website		W.KP-ACCOUNTING.	СОМ	
Years In Business	Av			ge Ticket		Gross	Gross Annual Sales 81,000.00		
Do you currently have cash advance? Ye			Yes	With who?	CASHNET/USA	& ARCH C	CAPITAL Balar	nce <u>\$753.58/\$1,341.51</u>	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#	of Tickets		2nd Month V	ol	#of Ti	ckets	
3rd Month Vol.	#of Tickets			4th Month Vol.		ol	#of Ti	ckets	
Owner #1 Name	BRETT GARRETT			Title PRESIDENT		DENT			
Date of Birth	1960-08-	26		SS	N 479-78	8-4511			
Full Home Address	4229 S H	OWARD AVE N	MILWAUKEE WI 53	221					
Home Phone	(414) 810	0-3185	Cell Phone	(414) 520	-0104 Email	_	BGARRETT@KP-ACC	COUNTING.COM	
Own/Rent	\$ 0 Owr	n	Years There	6	Drivers Lience #	G630-07	26-0306-07 State	WI	
								-	
Owner #2 Name				Tit	le				
Date of Birth	0000-00-	.00		SS	N				
Full Home Address									
Home Phone			Cell Phone		Email		_		
Own/Rent	\$		Years There		Drivers Lience #		State		
Business Home Base	d? N	No Locat	ion: Lease/Own	Leased	Lease Term	3	Monthly Rent	1,050.00	
Landlord / Mortgage	 Co.	MBT BUILDIN	IG			ontact	BRUCE ROB	ERTSON	
Contact Phone	(41	4) 744-1880	Cell			Ema	il <u>BROBERTSO</u>	N5555@SBDGLOBAL.NET	
Bank Name/Branch	WELLS FA		Contact	OTIS HOSLE	Y	Phone	(414) 224-4807		
Trade Reference#1	GEORGE S	STEVENSON	Contact	GEORGE STEVENSON		Phone	(414) 702-1970		
Trade Reference#2			Contact			Phone			
Trade Reference#3			Contact			Phone			
authorize you to whom thi will provide financial state authorize Money Works Di	s application ements, tax rect, Inc. to	n is made or you returns, etc. as receive pertine	ur agents to investig you deem necessary t information regard	ate my/our finan y. A photocopy o ling the commerc	ncial responsibility a of this authorization cial lease for the ab	and credit wor a will be deen oove referenc	rthiness, specifically princ ned as acceptable for rele ed location from my leasi	ove information, the applicant(s) cipal and corporate entities, and ease of credit information. I/We ing company and or agent. I/we ness and husiness ownet/officer	

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	BRETT GARRETT	Date	09/20/2016
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