

DBA Name		Voip Se	rvices		Le	gal Name		M2S Integral	tion East Inc.		
Type of Business		Telecom			Tax ID		461823840			Corp	
Full Business Address 1461 Lakeland Ave., Suite 14, Bohemia, NY 11716											
Full Billing Address											
Phone at Location (631) 498-		98-5575	8-5575		Best Phone		Fax				
Business Email		alex@m2sintegration.com			Website		te	www.m2sintegration.com		n	
Years In Business		8		Average Tick	et			Gross Annual Sales 700,000.00			
Do you currently ha	ve cas	h advance?	•	No W	ith who?				Balan	ice	
Current Credit Card Processor				Average			Processing Volume				
Last Month Vol.			#of Tick	ets		2nd Mont	th Vol.		#of Tio	ckets	
3rd Month Vol.			#of Tick	ets		4th Mont	h Vol.		#of Ti	ckets	
Owner #1 Name	ΔΙΑΥ Δτ	ristides			Title	Pro	esident				
-	Alex Aristides 06131978			SSN		.3-64-143	6				
-	8 New Street, Great River, NY				55.1						
-	(631) 495-5575 Cell Phone Email alex@m2sintegration.com						on.com				
- Own/Rent	<u> </u>		There D		 rivers Lience #			State	NY		
			_								_
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone	Cell Phone		none _	Email		nail					
Own/Rent	\$		_ Years	There	Dr	ivers Lienc	ce #		State		_
Business Home Base	ed?	No	Location:	Lease/Own	Leased	Lea	se Term	l	Month	ly Rent	
Landlord / Mortgage	Co.	Giaqunito					Contac	:t	Fran		
Contact Phone		(631) 242-	-2760	Cell	_			Emai	i		
Bank Name/Branch	TD Ba	ank		Contact	Joe Clem	ent		Phone	(631) 585	-0296	
Trade Reference#1	Tricom Technology			Contact	Frank Ru	ank Rubiano		Phone	(516) 694	-8100	
Trade Reference#2	e#2 Dan Mar			Contact	Mike Pao	Mike Paolano		Phone	(631) 242	-8877	
Trade Reference#3	Cored	dial		Contact	Jon Bisho	р		- Phone -	(215) 297	-4400	

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	Alex Aristides	Date	11/09/2017
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