

DBA Name	<u> </u>	I/A		L	egal Name	Techadox,	Inc		
Type of Business FIELD TECHNO		IELD TECHNOLO	OGY STAFFING		ax ID <u>81-35699</u> 3		21	Corp	
Full Business Address Techadox 258 Chapman Road, Suite 202, Newark, DE 19702									
Full Billing Address	_								
Phone at Location	<u>(</u>	355) 218-6800			Best Phone (302)	898-8245	Fax	(302) 368-5788	
Business Email	VIBERT@TECHADOX.COM			Website		TECHADOX.COM			
Years In Business	20)17	Average Tic	ket _		Gross Annu	Annual Sales <u>25,000.00</u>		
Do you currently ha	ave cash ad	vance?	No V	With who?			Balance		
Current Credit Card Processor				Average	Processing \	/olume			
Last Month Vol.		#of Ticl	kets		2nd Month Vol.		#of Ticke	ts	
3rd Month Vol.		#of Ticl	cets		4th Month Vol.		#of Ticke	ts	
Owner #1 Name	Vibert Sahad	latalli		Title	e President				
Date of Birth	01-04-1967			SSN 135-96-5285				_	
Full Home Address	103 E. Kilts Ln Middletown DE 19709								
Home Phone	(302) 898-83	(302) 898-8245 Cell Phone			(302) 898-8245 Email VIBERT@TECHADOX.Co			DM	
Own/Rent	\$ <u>0 Own</u>	Year	s There 13		Drivers Lience # 1	724275	State	Delaware	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell Phone		Email					
Own/Rent	\$	Year	s There		Drivers Lience #		State		
Business Home Base	ed? No	Location:	Lease/Own	Leased	Lease Term	5 Year	Monthly Rent	6,772.54	
Landlord / Mortgage Co. Shelbourne University L		sity LLC	Conta		act	Christine Fere	t		
Contact Phone	(302)	368-5522	Cell	(21	5) 490-7214	Email	ChrisE.Univ	rersityop@gmail.com	
Bank Name/Branch	Branch M & T Bank Conta			Donna Davis		Phone	(302) 354-3141		
Trade Reference#1	DE IT Institute		- Contact	Amanda Pokham		Phone	(302) 563-3575		
Trade Reference#2	Orange Business Solutions Contact		Ramesh Subryan		Phone	(908) 938-3295			
Trade Reference#3	James T. Be	ellenger Acct	- Contact -	Jim Belle	nger	Phone	(302) 838-8800		

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	Vibert Sahadatalli	Date	02/13/2019
3				