MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Alexis

DBA Name		VTEC Home S	olutions, LLC	Le	egal Name	VTEC Home Solu	tions, LLC	
Type of Business		Employment .	Agency	Т.	ax ID	45-1725287		LLC
Full Business Addre	SS	11852 Cherry I	Bark Drive We	st				
Full Billing Address								
Phone at Location		(888) 241-103	38		Best Phone (904)	554-2929	Fax	
Business Email		kaypoole29@	gmail.com		Website	vtechomes.com		
Years In Business		6	Average T	icket		Gross Annual Sale	es <u>138,000.00</u>	
Do you currently ha	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volume		
Last Month Vol.		#of ⁻	Γickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of]	Γickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Kay Poole			Title	President			
Date of Birth	10/29/196	58		— SSN	419-98-46	49		
Full Home Address	11852 Ch	erry Bark Drive V	Vest	_				
Home Phone	(904) 554	-2929 Ce	ell Phone		Email	kay@vtech	omes.com	
Own/Rent	\$ <u>0 Own</u>	Y	ears There <u>1</u>	.8 D	rivers Lience # _p4	400-511-68-889-0 S	State FL	
Owner #2 Name				Title				
Date of Birth				_ SSN				
Full Home Address Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There		rivers Lience #		State	
OwnyKent	Р	'	ears mere _		Tivers Lience #			<u> </u>
Business Home Bas	ed?	No Locat	ion: Lease/Ow	n <u>Owned</u>	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone	_		Ce	ell _		Email		
Bank Name/Branch			Contact	t		Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact	t		Phone		
Trade Reference#3			Contact	t		Phone		
I hereby represent that all	the above inf	formation is true an	d understand that	making false sta	tements might be cons	sidered fraud. By providi	ng the above information.	the applicant(s)

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	Kay Poole	Date	04/19/2017