

DBA Name none Legal Name prokop insurance services inc  Type of Business insurance agency Tax ID 411769722  Full Business Address 11540 bass lake rd	Corp					
	COLD					
Full Business Address 11540 bass lake id						
Full Billing Address						
Full Billing Address  (762) 527 4211  Part Phana (762) 600 2502 500 (762) 527 200						
Phone at Location (763) 537-4311 Best Phone (763) 600-3502 Fax (763) 537-39	)1					
Business Email prokopr1@nationwide.com Website prokopinsurance.com						
Years In Business 23 Average Ticket Gross Annual Sales 300,000.00						
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. #of Tickets						
3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets						
Owner #1 Name robert prokop Title pres						
Date of Birth 12071961 SSN 472-74-9600 472-74-9600						
Full Home Address 15720 rockford rd #307						
Home Phone (763) 600-3502 Cell Phone (763) 600-3502 Email prokopr1@nationwide.com						
Own/Rent \$ 0 Rent Years There 8 Drivers Lience # q527194464614 State mn						
Owner #2 Name 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. jay kay properties Contact unknown						
Contact Phone         (612) 222-2222         Cell         (612) 222-2222         Email         unkown@aol.com						
Bank Name/Branch topline credit union Contact unknown Phone (612) 222-2222						
Trade Reference#1 none Contact Phone (612) 222-2222						
Trade Reference#2 non3 Contact none Phone (612) 222-2222						
Trade Reference#3 none Contact none Phone (612) 222-2222						

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	robert prokop	Date	10/24/2016
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