	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DDA N			-t- D			LAI	1/ - b l l			
DBA Name Kotar Data Recov					egal Name		Kotar Industries LLC			
Type of Business			recovery		1	ax ID	455509315			LLC
Full Business Addre	SS	325 Piero	cy Road							
Full Billing Address										
Phone at Location		(408) 455-4310		Best Phone		Fax				
Business Email		restore@kotar.us			Website		www.kotar.	us		
Years In Business		7		Average Tick	et		Gross Annua	l Sales	1,200,000	.00
Do you currently ha	ave cas	h advance?		No W	ith who? _			Ba	lance	
Current Credit Card	l Proces	ssor				Average Processing Volume				
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of	Tickets	
O #1 No	Dahaut	. Kata ii			T:11 a	CEO				
Owner #1 Name	Robert				Title		00			
Date of Birth Full Home Address	022119		lov.		SSN					
		Hollow Lake W		000			kotar	@kotar us		
Home Phone		3) 455-4310 Cell Phone		_	Email		kotar@kotar.us			
Own/Rent	\$ <u>0 R</u>	ent Years There		Drivers Lience #			State	CA		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address						-				
Home Phone			Cell Ph	one		Email				
Own/Rent	\$		Years	There	D	rivers Lience #		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Terr	n	Mor	nthly Rent	3,000.00
Landlord / Mortgage		Delta alara				Conta		Thong L	-	
				6.11						
Contact Phone		(408) 595-8	8888	Cell	(4	108) 595-8888	Ema	<u> </u>		
Bank Name/Branch	CHAS	SE .		Contact			Phone			
Trade Reference#1	Apple	9		Contact	Mr. Jame	es W.	Phone	(510) 5	57-2517	
Trade Reference#2	Cisco			Contact	Mr. Stev	ven D.	Phone	(619) 5	08-7627	
Trade Reference#3	Stanf	ord Universi	ity	Contact	Mrs. Cle	e L.	Phone	(650) 2	06-0349	

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 Kotar	Date	05/29/2018
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