

DBA Name		Alxi Sup	port Servi	ces Inc.	Le	egal Na	ame	Alxi Support	Services I	nc.	
Type of Business		Work wi	th people	with disabi	lities T	ax ID		472455526			Corp
Full Business Addre	SS	1821 Sw	11 St Miar	ni F.L 3313	5						
Full Billing Address											
Phone at Location		(786) 99	91-6306		!	Best Pl	none <u>(786)</u>	991-6306	Fax		
Business Email		reyesalb	erto337@	gmail.com		W	ebsite				
Years In Business		3		Average Tid	ket			Gross Annua	l Sales	540,000.0	0
Do you currently ha	ave cash	advance?		No \	With who? _				_ Bala	ance	
Current Credit Card	l Process	or				_	Average	Processing Vo	lume		
Last Month Vol.			#of Ticke	ts		2nd N	Month Vol.		#of	Tickets	
3rd Month Vol.			#of Ticke	ts		4th M	onth Vol.		_ #of	Tickets	
Owner #1 Name	Alberto R				Title -		Alberto L. I				
Date of Birth	09/27/19				SSN -		682-27-62	49			
Full Home Address			ii F.L 33135		<i></i>						
Home Phone	(786) 993		Cell Ph		(786) 991-6		Email –			gmail.com	
Own/Rent	\$ <u>0 Ren</u>	t	Years	There	D	rivers l	ience # R	214-012-78-347	-0 State	F.L	
Owner #2 Name					Title	1					
Date of Birth					. SSN						
Full Home Address					•						
Home Phone			Cell Ph	one			Email				
Own/Rent	\$		Years	There	D	rivers l	_ _ience #		State		
Business Home Bas	ed?	Yes	Location:	Lease/Own	Leased		Lease Tern	n	Mont	thly Rent	850.00
Landlord / Mortgage							Conta		lleana Lo	-	
	_	706) 402 :	1044	6-1			Conta			, p ==	
Contact Phone		786) 402-:	1844	Ce				Emai			
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				 Phone			
Trade Reference#3				Contact				Phone			
										-	

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	Alberto Reyes	Date	10/07/2016