

DBA Name	IT	Legal Name	SOUTECH INC	
Type of Business	PROFESSIONAL CONSULTING	Tax ID	81-2791444	Corp
Full Business Address	2512 CARPENTER ROAD			
Full Billing Address				
Phone at Location	(734) 999-9001	Best Phone	(734) 999-9001	Fax
Business Email	KOMPELLA@SOUTECH-INC.COM	Website	SOUTECH-INC.COM	
Years In Business	0.5	Average Ticket		Gross Annual Sales 250,000.00
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	LAKSHMI S KOMPELLA	Title	PRESIDENT
Date of Birth	05/05/1967	SSN	146-04-0788
Full Home Address	5836 Willow Ridge Drive		
Home Phone	(313) 971-7685	Cell Phone	(313) 971-7685
Email	SHRINI.SOUTECH@gmail.com		
Own/Rent	\$ 0 Own	Years There	10
Drivers Lience #	K514488772396	State	Michigan
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.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	BOA	Contact	YPSILANTI	Phone	
Trade Reference#1	SID GLOBAL	Contact	RAJASHEKAR PUDI	Phone	(610) 764-8599
Trade Reference#2	MUKESH GUNTAKA	Contact	DECIPHER SOFTWARE SYSTEMS	Phone	(718) 607-4595
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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	LAKSHMI KOMPELLA	Date	11/28/2016
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