

DBA Name		UTECH T	elecom, L	LC_	L	egal Name	UTI	ECH Telec	om, LLC		
Type of Business		Telecom	m Service	es	T	ax ID	UTI	ECH Telec	om, LLC		LLC
Full Business Addre	SS	7477 NW	179th ST								
Full Billing Address											
Phone at Location (786) 567			7-0176			Best Phone (786) 5		-0176	Fax		
Business Email		yalmanzar@utelecomm.com			<u> </u>	Website		www.utelecomm.com			
Years In Business		4 Average			Ticket		Gro	Gross Annual Sales 656,621.00			0
Do you currently ha	ave cash	advance?		No	With who?				_ Ba	lance	
Current Credit Card Processor						_ Avera	ge Proce	essing Vol	ume		
Last Month Vol.			#of Ticke	ets		2nd Month Vo	ol		_ #of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vo	ol		_ #o1	Tickets	
Owner #1 Name	YOPARKI ALMANZAR				Title —						
Date of Birth	12/06/1981				SSN —	176-17-	-9688				
Full Home Address		/ 179th ST			(700) 707 6				1-1		
Home Phone	(786) 567-0176 Cell Ph			(786) 567-0	<del></del>			ci@hotmai			
Own/Rent	\$ <u>0 Ren</u>	ıt	Years	There 7	865670176	rivers Lience #	A455-9	60-81-446-	0 State	Florid	<u>a</u>
Owner #2 Neme					Title						
Owner #2 Name	-				Title —						
Date of Birth					SSN —						
Full Home Address Home Phone			Cell Ph	one		Email					
Own/Rent			Years		Drivers Lience #			State			
OWII/Rent	<sup>3</sup>		Tears	There _		Tivers Lience #				-	
Business Home Bas	ed?	No L	ocation:	Lease/Ow	n <u>Leased</u>	Lease T	erm		Mor	nthly Rent	
Landlord / Mortgage	e Co					Cor	ntact				
Contact Phone	_			C	ell _			Email	l <u> </u>		
Bank Name/Branch	Bank O	f America		Contact	t			Phone	(800) 4	32-1000	
Trade Reference#1				Contact	 t			Phone			
Trade Reference#2				Contact	 t			Phone			
Trade Reference#3				Contact	t			Phone			
I hereby represent that all	the above in	nformation is t	rue and und	erstand that	making false sta	tements might be a	considered	d fraud. By p	oviding the	above informa	tion, 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 Na	ame YOPARKI ALMANZ	ZAR Date 04/16/201	7
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