

DBA Name		Margard	s Team St	ate Farm	Le	egal Name	MarCo Profes	sional Sei	rvices, Inc.	
Type of Business			ce & Banki		T	ax ID	475662805			Corp
Full Business Addre	SS	9110 Rai	Iroad Drive	e, Suite 230						
Full Billing Address										
Phone at Location		(571) 2	41-6791		E	Best Phone (571)	241-6791	Fax	(703) 496	5-4442
Business Email		dagreel	c2@gmail.c	com		Website	www.margar	osteam.co	om	
Years In Business		1 Average Ticket			et		Gross Annual	Sales	300,000.00	
Do you currently ha	ave cash	h advance?		No W	ith who? _			Bal	ance	
Current Credit Card Processor						Average	Processing Vol	ume		
Last Month Vol.			#of Ticke	ts		2nd Month Vol.		#of	Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of	Tickets	
Owner #1 Name	Peter M	largaros			Title	President				
Date of Birth	03-27-1				SSN	208-46-74	93			
Full Home Address	7563 Lo	ong Leaf Lan								
Home Phone		41-6791	Cell Ph	one (	571) 241-6	791 Email	dagree	k2@gmail.	.com	
Own/Rent	\$ <u>0 O</u>	wn	Years	 There <u>571</u> 2	2416791 D	rivers Lience # To	 65935742	State	Virginia	
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	Mon	thly Rent	
Landlord / Mortgage	e Co.	T&J LLC				Conta	ict	JR Motz		
Contact Phone		(703) 448-	6900	Cell	<u>(7</u>	704) 564-6900	Email	jr	@ccmc.ws	
Bank Name/Branch	United	d Bank		Contact	Klmberl	y Bradford	Phone	(703) 25	57-1744	
Trade Reference#1 Cartridge World			Contact	Tom		 Phone	(703) 56	56-2666		
Trade Reference#2				Contact			 Phone			
Trade Reference#3				Contact			— Phone —			
							11 16 15		1 ' 6 ' 1'	

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	Pete Margaros	Date	12/04/2016