

DBA Name		DOTCOM	TECHNOLOG	IES		egal Name		tCom Technolo	ogies		
Type of Business		<u>IT</u>			Ta	ax ID	46-	-5496663		_	Sole Prop
Full Business Addre	SS	4305 N 10t	th st Suite D								
Full Billing Address											
Phone at Location		(956) 207	-4697		E	Best Phone			Fax	(956) 99	9-8513
Business Email		dmac13@gmail.com			Website		ww	www.dotcomtechnologies.net			
Years In Business		19	Aver	age Tick	et		Gro	ss Annual Sale	s <u>12</u>	20,000.00	
Do you currently ha	ave cash	advance?	No	Wi	th who? _				Baland	ce	
Current Credit Card Processor					Average Processing Volume						
Last Month Vol.		#	of Tickets			2nd Month Vol			#of Tic	kets _	
3rd Month Vol.		#	of Tickets			4th Month Vol			#of Tic	kets _	
Owner #1 Name	Daniel N	MACDONALD			Title	Owner					
Date of Birth	04/13/1				SSN	458-75-9	9359				
Full Home Address	956207										
Home Phone	(956) 20	)7-4697	Cell Phone			Email		dmac13@gi	mail.com		
Own/Rent	<u> </u>		<ul><li>Years There</li></ul>	Years There		Drivers Lience #			tate		
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address						-					
Home Phone			Cell Phone	_		Email					
Own/Rent	\$		Years There	e	D	rivers Lience #		S	tate		
Business Home Bas	ed?	No Lo	ocation: Leas	se/Own	Leased	Lease Te	rm		Monthly	y Rent	
Landlord / Mortgage	e Co.	Professional	Plaza			Con	tact				
Contact Phone	-			Cell				Email			
Bank Name/Branch			C	ontact				Phone			
Trade Reference#1				ontact				Phone			
Trade Reference#2				ontact			<del></del>	Phone			
Trade Reference#3			C	ontact				Phone			
I hereby represent that all	the above	information is tru	ie and understai	nd that mak	ing false sta	tements might he co	nsidered	d fraud. By providin	ng the abov	e information	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 Name	Daniel MACDONALD	Date	03/14/2018
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