

DBA Name		R&S Con	tracting, Inc	Le	egal Name	R&S Contrac	ting, Inc		
Type of Business		Electrical Contractors		T	Tax ID			Corp	
Full Business Addre	SS	4440 S Hi	gh School Rd Ste	F					
Full Billing Address									
Phone at Location		(317) 973-1068		E	Best Phone (317)		Fax	(371) 456-0168	
Business Email m		matt@rs	matt@rsc-indy.com		Website				
Years In Business	5 Average Tick			Ticket	cet Gross Annual Sales			50,000.00	
Do you currently ha	ave cash	advance?	No	With who? _			Balan	nce	
Current Credit Card Processor					Average Processing Volume				
Last Month Vol.			#of Tickets		2nd Month Vo	l	#of Ti	ckets	
3rd Month Vol.			#of Tickets _		4th Month Vo	l	#of Ti	ckets	
Owner #1 Name	Matthew	Reynolds		Title	preside	nt			
Date of Birth	12131984			 SSN	SSN 316-06-5190				
Full Home Address	2799 Sol	idago Dr, Pla	infield, IN 46168						
Home Phone	(317) 60	5-6363	Cell Phone	(317) 605-6	363 Email	matt@	rsc-indy.com		
Own/Rent	\$ <u>0 Ow</u>	n	Years There	D	rivers Lience #	1150251840	State	<u>IN</u>	
Owner #2 Name				Title					
Date of Birth				Title SSN					
Full Home Address					-				
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	D	rivers Lience #		State		
Business Home Bas	ed?	No I	 _ocation: Lease/C	own Leased	Lease Te	erm	Month	ly Rent	
				20000					
Landlord / Mortgage	e Co. <u>L</u>	azer Realt	У		Cor	ntact			
Contact Phone	_			Cell		Emai	l		
Bank Name/Branch			Conta	act		Phone			
Trade Reference#1			Conta	act		Phone			
Trade Reference#2			Conta	act		Phone			
Trade Reference#3			Conta	act		Phone			
I haraby raprocent that all	the shows in	oformation is t	rue and understand th	at making falso sta	tamanta miaht ha a	oncidored fraud. By n	roviding the abo	our 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	Matthew Reynolds	Date	02/06/2017
-------------	--------------	------------------	------	------------