

DBA Name	Kaleo Suppor	ts	Legal	Name	Kaleo Suppor	ts	
Type of Business	Kaleo Suppor	ts	Tax ID)	26-0729936		Corp
Full Business Addre	ss 302 Mason Str	eet, Fayetteville,	NC 28301				
Full Billing Address							
Phone at Location	(910) 630-22	55	Best	Phone <u>(910)</u>	322-2755	Fax	(910) 339-2808
Business Email	nancy@kaleo	nancy@kaleosupports.com		Website	www.kaleosupports.com		
Years In Business	12	Average Tick	ket		Gross Annual	Sales <u>1,47</u>	0,000.00
Do you currently ha	ave cash advance?	Yes W	ith who? Kabb	age		Balance	22,247
Current Credit Card	d Processor			Average	Processing Volu	ıme	
Last Month Vol.	#of ⁻	Tickets	2nd	l Month Vol.		#of Ticke	ts
3rd Month Vol.	#of ⁻	Tickets	4th	Month Vol.		#of Ticke	ts
Owner #1 Name	Ernest Szymkowiak		Title	Secretary			
Date of Birth	07101957		SSN	366-62-220	03		
Full Home Address	5227 Matt Hair Road						
Home Phone	(910) 322-5038 Co					com	
Own/Rent	\$ 0 Own Y	ears There 19	Driver	— s Lience #28	State NORTH CAROLINA		
Owner #2 Name	Nancy Szymkowiak		Title	President			
Date of Birth			SSN	269-60-209	92		
Full Home Address	5227 Matt Hair Rd						_
Home Phone	(910) 322-2755 C	ell Phone	(910) 322-2755	Email	nancy@	kaleosupports.	com
Own/Rent	\$ Own Y	ears There 910	3222755 Driver	s Lience # 44	414346	State	NC
Business Home Bas	ed? <u>No</u> Locat	ion: Lease/Own	Leased	Lease Tern	n	Monthly F	Rent
Landlord / Mortgage	e Co. Homeowners Pro	perty Managem	ent	Conta	ct	Nikki Moore	
Contact Phone	(910) 354-2645	Cell	(910)	354-2645	Email	pm4@	hpm-inc.com
Bank Name/Branch	First Citizens Bank	Contact			Phone	(910) 307-91	00
Trade Reference#1	Economy Pest Control	Contact	office		Phone	(910) 425-88	30
Trade Reference#2	City County Insurance	Contact	Nick Brown		Phone	(910) 528-55	49
Trade Reference#3	One Main Financial	Contact	office		Phone	(910) 323-40	19

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	Ernest Szymkowiak	Date	06/12/2019