

DBA Name	V3 International Inc.		Legal Name		V3 International Inc.				
Type of Business	—— Heal	Healthy Bottles Water			Tax ID			Corp	
Full Business Addre	•	Ashfield Dr. H		77082				'	
Full Billing Address			·						
Phone at Location (800) 520-1011			Bes	st Phone (832)) 441-6958	Fax	(832) 426-1430		
Business Email joey@v3water.com		m		Website	www.v3water.com				
Years In Business	4		Average Ticket			Gross Annual Sales 363,306.00			
Do you currently ha	ave cash advan	ce?	Yes W	ith who? For	a Financial		Balan	ce <u>12,000</u>	
Current Credit Card	l Processor				Average	Processing Vo	lume		
Last Month Vol.		#of Ticke	ets	2	nd Month Vol.		#of Tid	ckets	
3rd Month Vol.		#of Ticke	ets	4	th Month Vol.		#of Tid	ckets	
Owner #1 Name	Charles Kaczma	rek		Title	CFO				
Date of Birth	10/24/1961			SSN 449-39-84		.39			
Full Home Address	3530 Ashfield Dr Houston, TX 77082								
Home Phone	(281) 496-9838 Cell Ph		none _	(832) 441-6958 Email		joey@	v3water.com		
Own/Rent	\$ <u>0 Own</u> Years		There 25	re <u>25</u> Drivers Lience # <u>0</u>		9367741	367741 State TX		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address Home Phone		Call Di	2000		Email				
	Cell Ph						Ctata		
Own/Rent	\$	rears	inere	Driv	rers Lience #		State		
Business Home Bas	ed? No	Location:	Lease/Own	Owned	Lease Terr	m	Monthl	y Rent	
Landlord / Mortgage	e Co				Conta	act			
Contact Phone			Cell			Emai	l 		
Bank Name/Branch	Chase Bank/ I	Houston	Contact	Sergio		Phone	(281) 575-	-2060	
Trade Reference#1	1 Purest Colloids		Contact	Viki		Phone	(609) 267-	(609) 267-2112	
Trade Reference#2	GTX Labs		Contact	Dr. Norbert		Phone	(806) 220-	(806) 220-3298	
Trade Reference#3	Trace Minerals Research		Contact	James		Phone	(801) 698-3105		

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 Nar	me Charles Kaczmarek Date 12/29/201
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