MoneyWorks >> Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Jonathan
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DBA Name	Innovative Minds LLC			LC	Legal Name		Innovative Minds LLC		
Type of Business	Production			Tax ID		30-0746770	30-0746770		
Full Business Addre	SS	14260 S	W 136 Stree	et					
Full Billing Address									
Phone at Location	on (305) 972-8220				Best Phone (305) 972-8220 Fax				
Business Email		david@innovativeminds.us			Website				
Years In Business		5		verage Tick	et	Gross Annual Sales 1,200,000.00			
Do you currently ha	eve cash	advance?	ľ	No W	ith who? _			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.			#of Ticket	is		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket			4th Month Vol.		#of Tickets	
Owner #1 Name	David Va	Incia			Title	Owner			
Date of Birth	12-29-19				SSN	595-42-47			
Full Home Address	4751 SW	142 Court	Miami, Fl 33	 175					
Home Phone	(302) 972	2-8220	Cell Pho	one		Email	david@inr	novativeminds.us	
Own/Rent	\$ 0 Owr	1	 Years T	here 18	D	 rivers Lience # _ <u>v</u>	452-179-85-469-0	State Florida	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone		Cell Phone		one _	Email				
Own/Rent	\$		_ Years T	here	D	rivers Lience # _		State	
Business Home Bas	ed?	No	Location: L	_ease/Own	Leased	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>M</u>	lusepa				Conta	act <u>Je</u>	an Felix	
Contact Phone	<u>(</u> :	305) 458-	9011	Cell	_		Email		
Bank Name/Branch	Chase			Contact			Phone		
Trade Reference#1				Contact			Phone		
Trade Reference#2				Contact			Phone		_
Trade Reference#3				Contact			Phone		
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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 authorized in 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	David Valncia	Date	02/08/2017