MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO:	:1.646.417.5809
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DBA Name		Wilson	Insurance	Group		Legal	Name	Wilson Insu	ance Group	, LLC		
Type of Business		Insurance consulting and bro		okerage Tax ID		271508350			ı	LLC		
Full Business Addre	SS	210 W F	Edmond Ro	t								
Full Billing Address												
Phone at Location		(405) 2	285-5555			Best	Phone		Fax			
Business Email		steve@	weinsure	okc.com		,	Website					
Years In Business		9		Average T	icket _			Gross Annua	l Sales	238,000.00	١	
Do you currently ha	ave cash	advance	?	Yes	With who?		is Funding, Ca Chance Fundi		Bala —	nce \$6600 \$1100	, \$5300,	
Current Credit Card	l Process	or					Average	Processing Vo	olume			
Last Month Vol.			#of Tick	ets		2nd	d Month Vol.		#of 1	Tickets		
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of ٦	Tickets		
Owner #1 Name	Steve Wi	Ison			Tit	:le	Principal					
Date of Birth	09/26/19	72			– SS	SN .	527-75-527	17				
Full Home Address	1304 NW	/ 181st			_							
Home Phone	(405) 28	5-5555	Cell P	hone	(405) 326	-5949	Email	steve	@weinsureol	cc.com		
Own/Rent	\$ <u>0 Owr</u>	n	Years	There 4	053265949	Driver	s Lience #		State	ОК		
Owner #2 Name					Tit	do						
Date of Birth					– SS							
Full Home Address					_	, IV						
Home Phone			Cell P	hone			Email					
Own/Rent	\$		Years	There _		Driver	s Lience #		State			
Business Home Bas	ed?	No	Location	: Lease/Ow	n Lease	ed	Lease Tern	า	Mont	hly Rent		
Landlord / Mortgage	 e Co	arvin Fa	– mily Trust				— Conta	ct	Gale Gar	/in		
Contact Phone	_			_ Ce	ell .			_ Ema	il			
Bank Name/Branch	Chase I	Bank		Contact	<u> </u>			Phone				
Trade Reference#1				- Contact	 t			– Phone				
Trade Reference#2				- Contact				– Phone				
Trade Reference#3				- Contact -				– Phone				
I hereby represent that all t authorize you to whom this will provide financial state authorize Money Works Dir	s application ments, tax	n is made o returns, etc	r your agents c. as you dee	s to investigate m necessary.	e my/our finar A photocopy o	ncial res of this a	ponsibility and cr uthorization will	edit worthiness, be deemed as ac	specifically prir	ncipal and corp elease of credi	orate entities t information	s, and . I/We

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	Steve Wilson	Date	08/28/2017
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