

DBA Name		llc		Le	gal Name	lucas towing		
Type of Business		towing			ax ID	384132893		Corp
Full Business Addre	:SS		d shelby twp mi 4					_
Full Billing Address			, ,					
Phone at Location		(586) 335-780	)5	В	Best Phone (583)	222-1173	Fax	(586) 991-0520
Business Email		uscargoexpre	ss@yahoo.com		Website			
Years In Business		15	Average Tick	et		Gross Annual S	Sales 84	.,000.00
Do you currently h	ave cash a	advance?	No W	ith who? _			Balanc	e
Current Credit Card	d Processo	or			Average	Processing Volu	me _	
Last Month Vol.		#of <sup>-</sup>	Tickets		2nd Month Vol.		#of Ticl	kets
3rd Month Vol.		#of <sup>-</sup>	Γickets		4th Month Vol.		#of Ticl	kets
								-
Owner #1 Name	ljuca ujkid			Title	owner			
Date of Birth	10291963			SSN	384-13-28	93		
Full Home Address		urkshire dr washi	-					
Home Phone	(586) 222	!-1173 Co	ell Phone —		Email	kujkic45	@gmail.com	
Own/Rent	\$ <u>0 Own</u>	Y	ears There	D	rivers Lience # <u>uź</u>	220523021832	State	michigan
Owner #2 Name				Title				
Date of Birth				SSN	-			
Full Home Address								
Home Phone			ell Phone —		Email	-		
Own/Rent	\$	Y	ears There	D	rivers Lience #		State	
Business Home Bas	sed?	No Locat	ion: Lease/Own	Leased	Lease Terr	n	Monthly	Rent
Landlord / Mortgage	e Co. <u>0</u>	0			Conta	ct .	00	
Contact Phone	_		Cell	_		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1	_		Contact	_		Phone		
Trade Reference#2			 Contact			– Phone		_
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true an	d understand that mak	ring false stat	tements might be cons	sidered fraud. By pro	viding the abov	re 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 N	ame ljuca ujkic	Date	11/17/2016
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