<b>Money</b> Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VIOLES	Sales Rep: Steve

DBA Name		EA Clamco		Le	egal Name	L Acquisitions LL	C	
Type of Business 1946		T		ax ID	27-3627966	-3627966		
Full Business Addre	SS	9715 West Br	oward Blvd					
Full Billing Address								
Phone at Location			Best Phone (954		) 547-1500	Fax		
Business Email idobrin@gmail.com		ail.com		Website	www.ermccorp.com			
Years In Business		6	Average	Ticket		Gross Annual Sal	es <u>250,000.00</u>	
Do you currently h	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			_ Average	Processing Volume	e	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets _		4th Month Vol.		#of Tickets	
Owner #1 Name	Ivan Dobr			Title				
Date of Birth	07/31/194		: 51 2222	SSN	129-36-04	119		
Full Home Address			ntation, FL 3332		F00 F 11	l de bede o o		
Home Phone	(954) 547		Cell Phone	(954) 547-1		idobrin@gi		
Own/Rent	\$ <u>0 Own</u>		Years There	<u>37</u> D	rivers Lience # D	165400462710	State <u>FL</u>	_
Owner #2 Name				Title				
Date of Birth				— SSN				
Full Home Address								
Home Phone		(	Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #		State	
Business Home Bas	ed?	Yes Loca	ition: Lease/O	wn Owned	Lease Terr	m	Monthly Rent	
Landlord / Mortgage					Conta		_ , ,	
Contact Phone	_		(	Cell		— Email		
	_						-	
Bank Name/Branch			Conta	ct		Phone		
Trade Reference#1			Conta	ct		Phone		
Trade Reference#2			Conta	ct		Phone		
Trade Reference#3			Conta	ct		Phone		
I hereby represent that all	the above in	formation is true a	nd understand tha	t making false sta	tements might be con	sidered fraud. By provid	ing the above information, t	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.

van Dobrin	Date	01/06/2017
	van Dobrin	van Dobrin Date