Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name Don Mau Trucking			ଏau Trucking		egal Name	White Investn	White Investment Inc.	
Type of Business Trucking		ıg		ax ID	90-1027244		Corp	
Full Business Addre	ess.	416 E. 61 Stre	et, Los Angele	es, CA 90003				
Full Billing Address								
Phone at Location	one at Location (562) 387-2425			Best Phone (323) 559-1477 F			Fax	
Business Email		whiteinvestment15@gma		com Website		n/a		
Years In Business		4	Average	Ticket		Gross Annual	Sales <u>89,490.00</u>	
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			Average	e Processing Volu	ıme	
Last Month Vol.		#of	Tickets		2nd Month Vol.	·	#of Tickets	
3rd Month Vol.		#of	Tickets _		4th Month Vol.		#of Tickets	
								-
Owner #1 Name	William F	lores		Title	CEO			
Date of Birth	10-12-19			SSN	621-48-7	458		
Full Home Address	416 E. 61	L Street, Los Ang	eles, CA 90003					
Home Phone	(323) 559	9-1477 (Cell Phone	(323) 559-1	477 Email	olinthea	atre@yahoo.com	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	ears There	<u>15</u> D	rivers Lience #	A8945685	StateCA	
Owner #2 Name				Title				
Date of Birth				— SSN				
Full Home Address					-			
Home Phone		(Cell Phone		Email			
Own/Rent	\$		ears There	D	rivers Lience #	-	State	
Business Home Bas	sed?	Yes Loca	tion: Lease/Ov	wn <u>Owned</u>	Lease Te	rm	Monthly Rent	
Landlord / Mortgage	e Co. <u>M</u>	1r. Cooper			Cont	tact		
Contact Phone				Cell		Email		
Bank Name/Branch			Contac	ct		Phone		
Trade Reference#1			 Contac	ct		— Phone		
Trade Reference#2			 Contac	ct		— Phone		
Trade Reference#3			Contac	ct		Phone		
I horoby roprocont that all	the shows in	oformation is true as	ad understand that	t making false sta	tamanta miaht ha sa	noidered fraud. By ne	widing the above 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 P	Printed Name	William Flores	Date	03/27/2018
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