MoneyWorks > [OITECT ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl
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DBA Name		HMK Trans	port LLC	L	egal Name	HMK Transpo	rt LLC	
Type of Business	pe of Business Transportation		ition		ax ID	46-0819069	46-0819069	
Full Business Addre	ess	3411 pacific	street Saint Jos	seph 64507				
Full Billing Address								
Phone at Location		(816) 273-	5539		Best Phone (816	5) 244-1552	Fax <u>(</u> 816	273-5554
Business Email		hmktransport@ya		1	Website	None		
Years In Business		5 yr	Average	Ticket _		Gross Annual	Sales <u>144,000</u> .	00
Do you currently h	ave cash	advance?	No	With who?			Balance	
Current Credit Card	d Process	or			Average	e Processing Vol	ume	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Jeremy E			Title				
Date of Birth	1-26-197			SSN	499-86-3	887		
Full Home Address		cific street		(=0=) 4=0				
Home Phone	(816) 24		Cell Phone -	(785) 456-			insport@yahoo.com	
Own/Rent	\$ <u>0 Rer</u>	<u>nt</u>	Years There	9 yrs	Orivers Lience #	S134165002 mo	State Miss	ouri
Owner #2 Name				Title	٩			
Date of Birth				— SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		- Years There		 Drivers Lience #		State	
Business Home Bas	sed?	Yes Lo	cation: Lease/O	wn <u>Lease</u>	Lease Ter	rm <u>5yrs</u>	Monthly Rent	850.00
Landlord / Mortgag	e Co. <u> </u>	arry Jones			Cont	act	Larry Jones	
Contact Phone	<u>(</u>	816) 294-61	38	Cell <u>(</u>	816) 294-6138	Email	Hmktransp	ort@yahoo.com
Bank Name/Branch	Nodaw	ay Valley Baı	nk Conta	ict Jim Trip	land	Phone	(816) 364-5678	
Trade Reference#1	None		Conta	nct		Phone		
Trade Reference#2	None		Conta	nct		 Phone		
Trade Reference#3	None		Conta			Phone		

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 sownet/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	Jeremy Bammer	Date	03/23/2017