

DPA Name		DI K COLLITIO	NC INC		aal Nama	BI K CULLITIC	ONE INC	
DBA Name		BLK SOLUTIONS INC General Contractor		Legal Name Tax ID		BLK SOLUTIONS INC		Cama
Type of Business		-	ractor	1	ax ID	901069078		Corp
Full Business Addre	SS	po box 12764						
Full Billing Address		(010) 554.10	<u> </u>			V F F 4 1062		
Phone at Location		(910) 554-19		Best Phone (910)				
Business Email	blksolutions@a				Website	wwwblksolutionsinc.com		
Years In Business		3	Average Tick			Gross Annual	Sales <u>130,871</u> .	23
Do you currently ha	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card Processor					Average	Processing Vol	lume	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Barbara T	aylor		Title	President			
Date of Birth	04/06/198			SSN	137-74-22	<u></u> л1		
Full Home Address	808 Main			3311	137-74-22	41		
Home Phone			ell Phone	(910) 554-1	963 Email	harhei	wirez20@gmail.com	
Own/Rent	\$ 0 Rent	<u> </u>			Drivers Lience # 30658640 State North Carolina			
OWII/Reiit	\$ O Nem	<u> </u>	ears mere 2		ilvers Lience #	000040	State Note	TI Carollila
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		С	ell Phone		Email			
Own/Rent	\$	Y	ears There	D	rivers Lience #		State	
Business Home Bas	sed?	Yes Locat	tion: Lease/Own	Leased	Lease Terr	n none	Monthly Rent	800.00
Landlord / Mortgage	e Co. 2!	52-327-4482			 Conta	ct		
Contact Phone	_		Cell			Emai	I	
Bank Name/Branch	FSNB Ba	ank	Contact	Lynette		Phone	(910) 219-3030	
			—— Contact		utions Inc.	— Phone	(850) 287-5001	
					ollingshead	— Phone	(609) 602-8207	
Trade Reference#3			Contact Contact			– Phone		
I horoby represent that all	the above int	formation is true ar	nd understand that ma	king falso stat	tomonts might be seen	idorod fraud. By n	roviding the above inform	ation 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	Name Barbara Ta	aylor Date	11/08/2016
---------------------	-----------------	------------	------------