

DBA Name	ADAM'S RIB INC		Legal Name	ADAM'S RIB INC.	
Type of Business	TRUCKING		Tax ID	901115105	Corp
Full Business Address	2626 MILLEDGEVILLE RD AUGUSTA GA 30904				
Full Billing Address					
Phone at Location	(706) 495-1874		Best Phone	(706) 495-1874	Fax (800) 696-7191
Business Email	ADAMSTRIBTRUCKING@YAHOO.COM		Website		
Years In Business	16	Average Ticket		Gross Annual Sales	150,000.00
Do you currently have cash advance?	No	With who?			Balance
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	LINDA MCCLINTON		Title	OWNER	
Date of Birth	01/18/1962		SSN	157-60-1701	
Full Home Address	2626 MILLEDGEVILLE RD				
Home Phone	(706) 495-1874	Cell Phone	(706) 495-1874	Email	ADAMSTRIBTRUCING@YAHOO.COM
Own/Rent	\$ 0 Rent	Years There	13	Drivers Lience #	056410073 State GA
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	LANDLORD		Contact	ALLEN	
Contact Phone	(706) 799-1034	Cell	(706) 799-1034	Email	

Bank Name/Branch	WELLS FARGO	Contact	GERALD	Phone	(706) 667-2240
Trade Reference#1	A & L TRANSPORTATION	Contact	ADRIAN LANDY	Phone	(706) 394-5796
Trade Reference#2	MORNING STAR TRANSPOR INC	Contact	DAVID SMITH	Phone	(706) 284-1788
Trade Reference#3	CH ROBINSON WOLRDWIDE	Contact	BEN PALMER	Phone	(919) 790-1300

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	LINDA MCCLINTON	Date	02/05/2017
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