

DBA Name		The Lloyd	Insuran	ice Agency	Legal Name			<u>Th</u>	ne Lloyd Ins	ncy		
Type of Business		Insurance	5		Tax ID			47	7-2913306	Corp		
Full Business Addre	ess	127 Ark R	<u>d.</u>									
Full Billing Address												
Phone at Location		(856) 581	L-4882		Best Phone (856)			56) 58	1-4882	Fax		
Business Email		daryl.dllo	yd@farr	mersagency	com Website							
Years In Business		2 Average Ti			ket Gross Annual Sales					Sales 13	131,500.00	
Do you currently ha	ave cash a	Yes	With who? E	xpan	sion Capi	tol Gro	oup	Baland	ce <u>\$3,800</u>			
Current Credit Card Processor Average Processing Volume												
Last Month Vol. #			#of Tick	ets	2nd Month Vol.			l		#of Tic	kets	
3rd Month Vol.			#of Tick	4th Month Vol.			l		kets			
Owner #1 Name	Daryl Lloy	yd			Title		Partner					
Date of Birth	05-04-198	85			SSN		152-78-	4253				
Full Home Address	408 Monr	oe Ave										
Home Phone	(609) 668	3-9313	Cell Pl	none	(609) 668-93	313	Email		daryle	lloyd@gmail.co	om	
Own/Rent	\$ 0 Rent	t	Years	There 2	Dr	rivers	Lience #	20989	53	State	District of Columbia	
Owner #2 Name	Daisia Llo	Daisia Lloyd			Title Partner							
Date of Birth	08-01-198	88			SSN	SSN 153-96-3146						
Full Home Address	1904 Holl	and Dr.										
Home Phone	(609) 864-4819 Cell Phone			none	(609) 864-48	(609) 864-4819 Email dlloyd@farn			@farmersagen	mersagent.com		
Own/Rent	\$ Rent		Years	There 3	Dr	rivers	Lience #	L5582	1506557882	2 State	New Jersey	
Business Home Bas	sed?	No Lo	ocation:	Lease/Own	Leased		Lease Te	erm		Monthly	r Rent	
Landlord / Mortgage	e Co. B	rixmor					– Cor	ntact	•	Bruce Nobil	le	
Contact Phone	<u>(6</u>	510) 832-62	292	. Cel					Email	Bruce	e.Nobile@brixmor.com	
Bank Name/Branch	Bank of	America		Contact					Phone	(856) 778-8	3408	
Trade Reference#1	Tamara Chatman Contact							Phone	(609) 668-9	9316		
Trade Reference#2				Contact					Phone		_	
Trade Reference#3				Contact					Phone			
authorize you to whom thi will provide financial state	is application ements, tax r	n is made or yo returns, etc. a	our agents s you deer	to investigate m necessary. A	my/our financia A photocopy of t	al resp this au	onsibility and athorization v	d credit will be d	worthiness, sp eemed as acc	pecifically princip eptable for relea	ve information, the applicant(s pal and corporate entities, and ase of credit information. I/We	

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	Daryl Lloyd	Date	09/06/2016