MoneyWorks >>	Sales Rep: Patrick

DBA Name		INTERLOGIST	TICS GROUP LLC	L	egal Name	1968		
Type of Business		INTERLOGISTICS GROUP LLC			ax ID	46-1168036		LLC
Full Business Addre	:SS	8710 SW 158						
Full Billing Address								
<u> </u>		(786) 738-18	(786) 738-1866		Best Phone		Fax	
Business Email		arturo.interlo	gistics@gmail.c	om	Website			
Years In Business		8	Average Tio	cket		Gross Annual Sale	s <u>250,000.00</u>	
Do you currently ha	ave cash a	idvance?	No	With who? _			Balance	
Current Credit Card	d Processo	r			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	ARTURO A	ALVAREZ		Title -	GENERAL	MANAGER		
Date of Birth	01-12-196	58		SSN -	592-04-34	43		
Full Home Address	8710 SW	158TH PL						
Home Phone	(786) 738	-1866 (Cell Phone		Email	arturorafael ————————————————————————————————————	alvarez@gmail.com	
Own/Rent	\$ <u>0 Own</u>		Years There $\frac{2}{}$	D	rivers Lience # A	416-016-68-012-0 St	tate <u>FL</u>	_
Owner #2 Name				Title				
Date of Birth				- SSN				
Full Home Address				-	-			
Home Phone		(Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	S1	tate	
			_		_			
Business Home Bas	sed?	Yes Loca	tion: Lease/Own	Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta			
Contact Phone	<u> </u>		Ce	II _		Email		
Bank Name/Branch	CITIBAN	K N.A.	Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above inf	ormation is true a	nd understand that m	naking false sta	tements might be cons	sidered fraud. By providin	g the above information, th	ne 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 Printe	d Name ARTU	TURO ALVAREZ	Date	03/14/2019
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