Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name		Ras Motorcycl	e Repair	Le	egal Name	Jef Rasmussen		
Type of Business				Tax ID 528-95-3911			Sole Prop	
Full Business Addre	:SS	27460 Aqua Vis	ta Way Unit B Te	emecula, C	CA 92590			
Full Billing Address								
Phone at Location (951) 662-3159		59		Best Phone		Fax		
Business Email		jef@rasmotoro	cycles.com		Website	rasmotorcycles.co	om	
Years In Business		7	Average Tick	et		Gross Annual Sale	s <u>325,000.00</u>	
Do you currently h	ave cash	advance?	No Wi	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volume		
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
				-				
Owner #1 Name	Jef Rasmi 0722198			Title		11		
Date of Birth Full Home Address		on Way Wincheste	or CA 02506	SSN	320-93-39	11		
Home Phone	(951) 662	-	Il Phone		Email	ief@rasmort	torcycles.com	
Own/Rent	\$ 0 Ren		ears There 3			-	tate CA	
Ownyment	y o nen		<u> </u>		Tivel's Licilice "		<u> </u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone		Email			
Own/Rent	\$	Y6	ears There	D	rivers Lience #	St	tate	
Business Home Bas	sed?	No Locati	on: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>D</u>	Prayton Inc			Conta	ct		
Contact Phone	_		Cell			Email	-	
Bank Name/Branch	Chase E	Bank	Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	nformation is true and	l understand that mak	ring false sta	tements might be cons	sidered fraud. By providin	g the above information	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	Jef Rasmussen	Date	02/23/2018