

DBA Name		Wholes	sale Expo			Legal I	Name	Private Eq	uity Holdings	s, Inc.
Type of Business		Corportation				Tax ID		262925249		Corp
Full Business Addre	ess.	3 Hayni	e Street, N	lewnan, GA	30263					
Full Billing Address										
Phone at Location		(404) 9	965-2993			Best	Phone <u>(770)</u>	769-8974	_ Fax	(404) 585-4781
Business Email		suppor	t@shopwh	nolesaleexpo	o.com	٧	Vebsite	www.shop	- owholesaleex	po.com
Years In Business		3		Average Ti	cket	•		Gross Anni	ual Sales	1,100,000.00
Do you currently have cash advance?			?	Yes	With who?	ML Fa	actors, Credik tic	oly, & 1st	Bala	ance \$70000
Current Credit Card Processor							Average	Processing '	Volume	
Last Month Vol.			#of Tick	ets		2nd	l Month Vol.		#of	Tickets
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of	Tickets
Owner #1 Name	William N	Nowell			_ Tit	le	Owner			
Date of Birth	10-19-19	)70			_ SS	SN	246-51-77	78		
Full Home Address			Newnan, G	A 30265						
Home Phone	(770) 76	9-8974	Cell P	hone	(770) 769	9-8974	Email	sup	pport@shopwh	olesaleexpo.com
Own/Rent	\$ <u>0 Ow</u>	n	Years	s There 15	5	Drivers	s Lience # 0	51153950	State	Georgia
Owner #2 Name					Tit	-l -				
Date of Birth					_					
Full Home Address					_	DIN	-			
Home Phone			Cell P	hone			Email			
Own/Rent	\$			s There		Driver	s Lience #		State	
						-				
Business Home Bas	ed?	No	_Location	: Lease/Owr	n <u>Lease</u>	ed	Lease Terr	n	Mont	thly Rent
Landlord / Mortgage	e Co. <u>k</u>	Kennedy	Business F	Holdings, Inc	c		Conta	ct	Edward k	Kennedy
Contact Phone	<u>(</u>	(404) 431	-6584	_ Ce	اادِ	(404)	431-6584	En	nail	
Bank Name/Branch				Contact				Phone		
Trade Reference#1				Contact	·			Phone		
Trade Reference#2		Contact				Phone				
Trade Reference#3				_ Contact				 Phone		
authorize you to whom this will provide financial state	s applicatio ements, tax	n is made o returns, et	or your agents c. as you dee	s to investigate em necessary. <i>A</i>	my/our finar A photocopy o	ncial resported of this a	ponsibility and country and country will	redit worthines be deemed as	s, specifically pri acceptable for r	bove information, the applicant(s) ncipal and corporate entities, and elease of credit information. I/We asing company and or agent. 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	William Nowell	Date	11/18/2016