MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: John
	- Saids Mep. Je

DBA Name		A Journey Center	or Change Cou	ınseling	Legal -	Name	A Journey	For Change		
Type of Business		Llc			Tax ID		27390890	2		Corp
Full Business Addre	ess <u>6</u>	50 9th Ave	SW ste 100 Be	essemer, Al 3	5022					
Full Billing Address										
Phone at Location		(205) 267-	4463		Best	Phone <u>(205</u>) 249-4992	Fax	(205) 8	300-7022
Business Email		Info@ajourneyforchange.com		com	Website		Www.ajourneyforchange.com			
Years In Business	<u> </u>	2	Average	e Ticket			Gross Annu	ıal Sales	150,000.00)
Do you currently ha	ave cash a	dvance?	No	With who?	·			Bal	ance	
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	Tamara Fre	eeman		Tit	le	Owner				
Date of Birth	20101981			SS		549-69-84	144			
Full Home Address	3111 stone	crest dr Bir	mingham al 3524	-2						
Home Phone	(205) 249-	4992	Cell Phone			Email	tam	araf@ajourne	eyforchange.c	om
Own/Rent	\$ 0 Rent		Years There		Drivers	 s Lience # <u>0</u>	53879469	State	Ga	
Owner #2 Name				Tit	le					
Date of Birth				SS	SN					
Full Home Address Home Phone			Cell Phone			Email				
			Years There		Driver	Email		Ctata		
Own/Rent	\$		rears mere		_ Drivers	s Lience # _		State		
Business Home Bas	sed?	No Lo	cation: Lease/0	Own <u>Leas</u> e	ed	_Lease Ter	m	Mon	thly Rent	
Landlord / Mortgage	e Co					Conta	act			
Contact Phone				Cell			Em	ail _		
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			Cont	act			Phone			
Trade Reference#2			Cont	act			— Phone			
Trade Reference#3			Cont	act			— Phone			
I hereby represent that all	the above info	rmation is tru	e and understand th	nat making false s	tatemer	nts might be con	sidered fraud. By	providing the	above informati	on, 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	Tamara Freeman	Date	03/06/2017