

DBA Name		Linder Washington				Le	_Legal Name		Be washington maintenance				
Type of Business		Maintenance				Ta	_Tax ID		7432338925			Sole Prop	
Full Business Addre	SS	30 Rich	man Plaza	#23D									
Full Billing Address												_	
Phone at Location		(347) 590-2388				B	est Phone	(917)	306-9066	Fax	(347)	862-1219	
Business Email		bethwinc@yahoo.com					Website						
Years In Business		10yr		Average	Ticket			_	Gross Annual S	Sales	370,000.0	00	
Do you currently ha	eve cash	advance	?	No	With	n who? _				Ва	lance		
Current Credit Card	l Processo	or						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	Linder W	ashington	1			Title	own	er					
Date of Birth	06/29/19					SSN	096-	54-53	69				
Full Home Address	30 richm	an plaza#	±23d										
Home Phone	(917) 306												
Own/Rent	\$ 0 Ren												
								_					
Owner #2 Name						Title							
Date of Birth						SSN							
Full Home Address													
Home Phone			Cell F	Phone			Ema	il					
Own/Rent	\$		Year	s There		Dr	rivers Lience	# _		State			
Business Home Bas	ed?	No	Location	: Lease/O)wn	Leased	Lease	e Terr	n	Mon	thly Rent		
Landlord / Mortgage	e Co.						(Conta	ct				
Contact Phone	_			_	Cell				Email	_			
Bank Name/Branch				Conta	act				Phone				
Trade Reference#1			– Conta	act –				Phone					
Trade Reference#2				– Conta	- act				Phone				
Trade Reference#3				– Conta	act _				Phone				

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	Linder Washington	Date	06/27/2017