Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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554.11												
DBA Name	Same		Legal Name			Adamslimoct LLC						
Type of Business					Tax ID		049866395			Corp		
Full Business Addre	SS	75 Senior	Place , Fa	irfield , C	t 06825							
Full Billing Address												
Phone at Location	(203) 258-6521			Best Phone			Fax					
Business Email		adamm:	1963@gma	ail.com		٠ ١	Website	-				
Years In Business		20+		Average ⁻	Ticket _			Gross A	nnual Sa	les 2	227,000.00)
Do you currently ha	ave cash a	advance?	I	No	With who?					Bala	nce	
Current Credit Card	d Processo	or				_	Average F	Processir	ng Volum	е		
Last Month Vol.			#of Ticke	ts _		2nd	Month Vol.			#of T	ickets	
3rd Month Vol.			#of Ticke	ts		4th	Month Vol.			#of T	ickets	
Owner #1 Name	Adam Ma				Tit		owner					
Date of Birth	03/12/63				SS	N	049-86-639	95				
Full Home Address	Same				(0.00) 0.00							
Home Phone	(203) 258		Cell Pho		(203) 258		Email —	_	adam.may			
Own/Rent	\$ <u>0 Own</u>	1	Years	There	17	Drivers	s Lience # <u>03</u>	6517206		State	ct	
Owner #2 Name					Tit	le						
Date of Birth					SS							
Full Home Address					_		-					
Home Phone			Cell Pho	one			Email					
Own/Rent	\$		Years	There -		Drivers	Lience #	_		State		
Business Home Bas	ed?	Yes	Location:	Lease/Ov	vn Owne	d	Lease Term	<u> </u>		Month	nly Rent	
Landlord / Mortgage	-						Contac				,	
							Contac		_			
Contact Phone	_			C	Cell _			_	Email			
Bank Name/Branch	Wells Fa	argo		Contac	t _			Pho	ne			
Trade Reference#1				Contac	it			– Pho	ne			
Trade Reference#2				Contac	 :t			– Pho	ne			
Trade Reference#3				Contac	it			– Pho	ne			
I hereby represent that all	the above in	formation is	true and und	arctand that	making false s	tatomor	ats might he sensi	idorod frau	d By provid	ling the sh	ovo 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	Adam Mayer	Date 05/30/2017
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