Mone	/Works >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Patrick

DBA Name		IAU INC		l	_egal Name	IAU Inc		
Type of Business		University			Tax ID	202828801		Corp
Full Business Addre	:SS	17950 Suite	460					
Full Billing Address								
Phone at Location		(972) 484-9700			Best Phone (972	) 484-9700	Fax	
Business Email		manish@iau.edu.lc		Website		www.iau.edu.lc		
Years In Business		13 Averag		ge Ticket		Gross Annual Sa	eles <u>6,211,978.57</u>	
Do you currently h	ave cash	advance?	No	With who?			Balance	
Current Credit Card	d Processo	or			Average	Processing Volum	ne	
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Manmadl			Titl	·			
Date of Birth	02/24/19			SSI	N 458-51-07	75		
Full Home Address		gle Point Ct						
Home Phone	(214) 675	5-1201	Cell Phone	(214) 675-	-1201 Email	manish@	iau.edu.lc	
Own/Rent	\$ <u>0 Owr</u>	1	Years There	14	Drivers Lience # $0$	2965042	State TX	_
Owner #2 Name				Titl	e			
Date of Birth				SSI	N			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Drivers Lience # _		State	
Business Home Bas	sed?	No Loc	ation: Lease/0	)wn <u>Lease</u>	d Lease Teri	m	Monthly Rent	
Landlord / Mortgag	e Co. <u>C</u>	addo Preston	Plaza		Conta	act <u>9</u>	727312300	
Contact Phone	<u>(</u> !	972) 731-230	0	Cell <u>(</u>	972) 731-2300	Email		
Bank Name/Branch	BANK C	F AMERICA	Cont	act MANAC	GER	Phone (	972) 416-1616	
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 in	formation is true	and understand th	at making false st	atements might be con	sidered fraud. By provi	ding the above information, t	he 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	Manmadhan Nair	Date	03/16/2017