Money	Morks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Dominic

DBA Name		Bar 145			Le	gal Name	JHG, Inc				
Type of Business		Corporati	on		Ta	x ID	3417367	701			Corp
Full Business Addre	:SS	PO Box 91	659								
Full Billing Address											
Phone at Location	(855) 702-5674		Best Phone (855		5) 702-5674	Fax	<u>(8</u>	88) 400-963	0		
Business Email		jed@bar145kent.com			Website		www.ba	www.bar145kent.com			
Years In Business		24 Average		ge Ticket	e Ticket		Gross Annual Sales <u>2,225,000.00</u>			000.00	
Do you currently ha	ave cash	advance?	Yes	With	who? C	an Captial		В	alance <u>30</u>	0000	
Current Credit Card Processor Aver					Average	e 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	Jedfrey G	reene			Title	President	<u>.</u>				
Date of Birth	0411194	3			SSN	273-38-5	391				
Full Home Address	34800 La	keview Drive	Solon Ohio 4413	39							
Home Phone	(855) 702	2-5674	Cell Phone			Email	j€	ed@bar145ke	nt.com		
Own/Rent	\$ <u>0 Owr</u>	1	Years There	40	Dr	ivers Lience # _	RH186073	State	<u>O</u>	hio	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address			Call Diama			F 9					
Home Phone			Cell Phone			Email	_				
Own/Rent	\$		Years There	-	Dr	ivers Lience # _		State			
Business Home Bas	sed?	No Lo	ocation: Lease/	/Own	Leased	Lease Ter	rm	Mo	onthly Rei	nt	
Landlord / Mortgage	e Co. <u>F</u>	airmount Pı	roperties			Cont	act				
Contact Phone	<u>(</u> 2	216) 514-49	990	Cell			E	Email			
Bank Name/Branch			Con	tact			Phor	ie			
Trade Reference#1			Con	tact –			 Phor	ie			
Trade Reference#2			Con	tact –			— Phor				
Trade Reference#3			Con	tact			Phor	 ie			
I hereby represent that all	the above in	formation is tru	ue and understand	that making	g false stat	ements might be co	nsidered fraud	. By providing th	ne above info	rmation, the ap	plicant(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	Jedfrey Greene	Date	05/12/2017