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

DBA Name	Brian Services		Lega	l Name	Brian Services			
Type of Business		HVAC		Tax I		35-2526502		LLC
Full Business Addre	ıss	2617 Hwy 42						220
Full Billing Address	.55	2017 HWY 12						
Phone at Location		(678) 548-298	8	Bes	t Phone (678)	548-2988	Fax	
Business Email		brianservicesteam@gmail.com			Website			
Years In Business		30	Average Tick			Gross Annual Sal	les 30,000.00	)
Do you currently h	ave cash		_				-	
Current Credit Card						Processing Volum		
	i Flocesso				_	rocessing volum		
Last Month Vol.		#of T	ickets	2r	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Brian Rag	*		Title	Owner			
Date of Birth	04-22-19			SSN	260-31-327	4		
Full Home Address	681 Locu		u pi		- "	hadaa aa aa d		
Home Phone	(678) 548		Il Phone		Email	-	cesteam@gmail.co	m 
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	ars There 30	Drive	ers Lience # <u>02</u>	0832270	State <u>GA</u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				33.1				
Home Phone		Ce	Il Phone		Email			
Own/Rent	\$	Ye	ars There	Drive	ers Lience #	·	State	
	·			_		_		
Business Home Bas	sed?	No Locati	on: Lease/Own	Leased	Lease Term	24 months	Monthly Rent	400.00
Landlord / Mortgage	e Co. <u>Jl</u>	_J Properties			Contac			
Contact Phone	_		Cell			_ Email		
Bank Name/Branch	United	Community Ban	k Contact			Phone		
Trade Reference#1			— Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			 Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that mak	king false statem	ents might be consi	dered fraud. By provid	ling the above informa	tion, 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	Brian ragsdale	Date	03/07/2017