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MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve

DBA Name		cigaros of georg	gia	Legal	Name	cigaros of geor	gia Ilc	
Type of Business		cigar lounge		Tax II)	461677211		LLC
Full Business Addre	SS	3220 butner roa	d atlanta, georg	ia 30331				
Full Billing Address								
Phone at Location		(678) 949-9334	ļ	Best	Phone (404)	606-1959	Fax	
Business Email		cigarosofga@gı	mail.com		Website	cigarosofga.co	m	
Years In Business		5	Average Ticke	et		Gross Annual Sa	ales <u>1,400,000.00</u>	
Do you currently h	ave cash a	advance?	Yes Wi	th who? high	speed capital		Balance 21000.00	
Current Credit Card	d Processo	or			Average F	Processing Volun	ne	
Last Month Vol.		#of Tid	ckets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#of Tid	ckets	4tl	n Month Vol.		#of Tickets	
Owner #1 Name	conrad do	obson		Title	pres			
Date of Birth	10/09/66			SSN	267-91-341	4		
Full Home Address	2473 pall	adian manor way s	myrna,ga 30339					
Home Phone	(404) 606	5-1959 Cell	Phone		Email	cigarosof	ga@gmail.com	
Own/Rent	\$ <u>0 Own</u>	n Yea	ers There 1	Drive	rs Lience # <u>05</u>	8836263	_Statega	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address		Call	Dhana		Feesil			
Home Phone			Phone		Email			
Own/Rent	\$	Yea	ers There	Drivei	rs Lience #		_State	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgage	e Co. <u>sl</u>	hiv aggrewal			Contac	t <u>4</u>	044562973	
Contact Phone	_		Cell			Email		
Bank Name/Branch	suntrus	t	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 i	understand that mak	ing false stateme	nts might he consi	dered fraud. By provi	iding 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	conrad dobson	Date	09/12/2017