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

							D.I.			
DBA Name		Blice				gal Name	Blice			
Type of Business		Truckin			Tax	( ID	4641758	41		Sole Prop
Full Business Addre	:SS	8203 pag	ddle rock In							
Full Billing Address										
Phone at Location		(832) 48	83-0179		Be	est Phone (832)	483-0179	Fax	(866)	254-9277
Business Email		Blackbr	andon1983@yah	oo.com		Website				
Years In Business		2	Averag	e Ticket			Gross Ani	nual Sales	150,010.0	)0
Do you currently ha	ave cash a	advance?	No	With	who?			В	alance	
Current Credit Card	d Processo	or				Average	Processing	Volume		
Last Month Vol.			#of Tickets			2nd Month Vol.		#0	of Tickets	
3rd Month Vol.			#of Tickets			4th Month Vol.		#0	of Tickets	
Owner #1 Name	Brandon I	Black			Title	Owner				
Date of Birth	01111983	3			SSN	463-61-475	54			
Full Home Address		dle rock ln								
Home Phone	(832) 483		Cell Phone	(832	2) 483-01	79 Email	BI	ackbrandon1	983@yahoo.c	 om
Own/Rent	\$ 0 Own	 	—— Years There	5	Dri	 vers Lience # 15	— 5430826	State		
			_			_				
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Dri	vers Lience #		State		
Business Home Bas	sed?	Yes	Location: Lease/	Own C	Owned	Lease Tern	n <u>0</u>	Mo	onthly Rent	0.00
Landlord / Mortgage	e Co					Conta	ct			
Contact Phone				Cell			_ E	mail		
Bank Name/Branch	Chase		Con	tact			Phon	e		
Trade Reference#1			Con	tact			– Phon	e		
Trade Reference#2			Con	tact			– Phon	e		
Trade Reference#3			Con	tact			– Phon			
I hereby represent that all	the above in	formation is	true and understand	hat making	false state	ments might be cons	idered fraud.	By providing th	e above informa	ation, 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 Nan	ne Brandon Black Date	05/16/2017
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