

DBA Name		N/A			Le	egal Name	Project One	Inc.		
Type of Business		HR Services			Tax ID		300854788	300854788		
Full Business Addre	SS	230 E A	ve 38		_					
Full Billing Address										
Phone at Location (85			(858) 412-7189			Best Phone		Fax		
Business Email	joannam@projectoneinc.com			n.mx	mx Website					
Years In Business	2 Average Ti			cket	ket		Gross Annual Sales 540,000.00			
Do you currently ha	ave cash	advance?	?	No	With who? _			Bal	ance	
Current Credit Card	d Processo	or				_ Averag	e Processing V	olume		
Last Month Vol.			#of Tick	cets		2nd Month Vo	l	#of	Tickets	
3rd Month Vol.			#of Tick	cets		4th Month Vol		#of	Tickets	
Owner #1 Name	Ioanna M	unguia Riv	/as		Title	presider	nt			
Date of Birth	Joanna Munguia Rivas 03/25/1984				- SSN	<u>-</u>				
Full Home Address		ne St LA, (CA 90065		-					
Home Phone	(323) 742	-		hone	(323) 742-5	812 Email	25jo	annam@gma	nil.com	
Own/Rent	\$ 0 Ren	t	Year	s There 1	D	rivers Lience #	B9908842	State	califo	rnia
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell P	Phone		Email				
Own/Rent	\$		Year	s There	D	rivers Lience #		State		
Business Home Bas	ed?	Yes	Location	: Lease/Owr	Leased	Lease Te	erm <u>1 year</u>	Mon	thly Rent	2,500.00
Landlord / Mortgage	e Co. <u>A</u>	driana N	unez			Con	tact	323703-	7733	
Contact Phone	_			_ Ce	·II		Ema	ail _		
Bank Name/Branch				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	s true and ur	nderstand that m		tements might be co		providing 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	Joanna Munguia Rivas	Date	10/21/2016
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