

DBA Name	D&T FALL LINE TIRE INC.		Legal Name	D&T FALL LINE TIRE INC.	
Type of Business	tire store		Tax ID	36-4698451	Corp
Full Business Address	104 Freestone Dr				
Full Billing Address					
Phone at Location	(478) 847-3455		Best Phone	(478) 847-3455	Fax (478) 847-3456
Business Email	falllinetire@pstel.net		Website		
Years In Business	6	Average Ticket		Gross Annual Sales	800,000.00
Do you currently have cash advance?	Yes	With who?	ON DECK AND FORWARD FINANCE		Balance 65,000
Current Credit Card Processor			Average 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	THOMAS EUBANKS		Title	OWNER	
Date of Birth	04-21-1971		SSN	257-39-8951	
Full Home Address	55 Thaxton RD,				
Home Phone	(478) 862-3379	Cell Phone	(478) 672-7110	Email	falllinetire@pstel.net
Own/Rent	\$ 0 Own	Years There	2	Drivers Lience #	029823613
				State	Georgia
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	AMERIS BANK			Contact	STAFF
Contact Phone	(478) 862-3062	Cell	(555) 555-5555	Email	JAYSON.GRIFFIN@AMERISBANK.COM

Bank Name/Branch	AMERIS BANK	Contact	STAFF	Phone	(478) 862-3062
Trade Reference#1	RELIABLE TIRE CO	Contact	STAFF	Phone	(478) 781-5590
Trade Reference#2	HAYDEN AUTO LLC	Contact	BUCK	Phone	(478) 847-3431
Trade Reference#3	KAUFFMAN TIRE	Contact	MARK	Phone	(478) 750-7625

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

THOMAS EUBANKS

Date

10/12/2016