| | ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian |
|--|--------------------------------------------------------------------|
|--|--------------------------------------------------------------------|

| Full Business Address Full Billing Address Phone at Location | orp | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|--|
| Full Billing Address Phone at Location | | | | | | |
| Phone at Location (954) 300-1445 Best Phone (954) 247-9575 Fax Business Email info@printwith24.com Website Years In Business 2 Average Ticket Gross Annual Sales 100,000.00 Do you currently have cash advance? No With who? Balance 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 Luke Joselin Title Owner | | | | | | |
| Business Email info@printwith24.com Website Years In Business 2 Average Ticket Gross Annual Sales 100,000.00 Do you currently have cash advance? No With who? Balance 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 Luke Joselin Title Owner | | | | | | |
| Years In Business 2 | | | | | | |
| Do you currently have cash advance? No With who? Balance 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 Luke Joselin Title Owner | | | | | | |
| 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 Luke Joselin Title Owner | | | | | | |
| Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Luke Joselin Title Owner | | | | | | |
| 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Luke Joselin Title Owner | | | | | | |
| Owner #1 Name Luke Joselin Title Owner | <u>-</u> | | | | | |
| | | | | | | |
| | _ | | | | | |
| Date of Birth 12-28-1985 SSN 591-38-5939 | | | | | | |
| Full Home Address 7208 SW 4th Street North Lauderdale, FL 33068 | | | | | | |
| Home Phone (954) 247-9575 Cell Phone Email info@printwith24.com | | | | | | |
| Own/Rent \$ 0 Own Years There 2 Drivers Lience # J245520854680 State Florida | | | | | | |
| | | | | | | |
| 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 Leased Lease Term 3 years Monthly Rent 650.00 | | | | | | |
| Landlord / Mortgage Co. Jefferson Square Contact | | | | | | |
| Contact Phone Cell (786) 766-1440 Email | _ | | | | | |
| Bank Name/Branch Bank of America Contact Tamarac Phone (888) 287-4637 | | | | | | |
| Trade Reference#1 ULINE Contact Uline Phone (800) 295-5510 | | | | | | |
| Trade Reference#2 TSF Sportswear Contact John Jacksaint Phone (954) 691-9050 | | | | | | |
| Trade Reference#3 Sanmar Contact Sanmar Phone (800) 426-6399 | | | | | | |

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 | Luke Joselin | Date | 03/25/2019 |
|-------------|--------------|--------------|------|------------|
| | - | | - | |