MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Anthony
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DBA Name		CopyPo			L6	egal Name	_	ccess One			
Type of Business		Retail S	hipping		T	ax ID	2	72138074			Corp
Full Business Addre	SS	1438 Lib	erty Road								
Full Billing Address											
Phone at Location		(410) 5	49-9114		E	Best Phone (4	410) 54	19-9114	Fax	(410)	549-9116
Business Email		sean.co	pypost@g	mail.com		Website	W	ww.copypo	st.com		
Years In Business		20		Average Tick	et		G	ross Annual	Sales	450,000.00)
Do you currently ha	ave cas	h advance?		No W	ith who? _				_ Bal	ance	
Current Credit Card	d Proces	ssor				Avera	age Pro	cessing Vol	ume		
Last Month Vol.			#of Ticke	ets		2nd Month V	/ol		#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month V	ol		_ #of	Tickets	
Owner #1 Name	Sean B	rooks			Title	CEO					
Date of Birth	04-21-	1966			SSN	218-84	4-3625				
Full Home Address	5201 E	questrian Dr									
Home Phone	(443) 7	44-3401	Cell Ph	one		Email		sean.c	opypost@g	ımail.com	
Own/Rent	\$ <u>0 0</u>	wn	Years	There 20	D	rivers Lience #	B620	762662308	State	Maryla	nd
Owner #2 Name					Title	!					
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Ph	one _		Email					
Own/Rent	\$		_ Years	There	D	rivers Lience #	:		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease -	Term		Mon	thly Rent	
Landlord / Mortgage	e Co.	Lee & Asso	ociates			Co	ontact		Grace Le	ee	
Contact Phone		(410) 241-	2255	Cell	_			Email	<u> </u>		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact	<u>-</u>			Phone	<u>-</u>		
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the above	information is	true and und	erstand that mak	ring false sta	tements might he	consider	red fraud. By pr	roviding the	ahove informati	on 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Sean Brooks	Date	08/11/2016