MoneyWorks 🕽	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Adrian
--------------	--

DBA Name		MEMORY L	ANE RESALE		Legal I	Name	MEMORY LANE	RESALE	
Type of Business		RESALE OF HOUSEHOLD GOODS AND MORE			Tax IC)	81-3449984		LLC
Full Business Addre	SS	37660 GRA	TIOT CLINTON	I TOWNSHIP	MI. 4803	6			
Full Billing Address									
Phone at Location		(586) 859	-5708		Best	Phone <u>(313)</u>	600-1900	Fax	
Business Email		STORE@MEMORYLANERESALE.COM Website							
Years In Business		3	Avera	ge Ticket			Gross Annual S	ales <u>180,000.0</u>	0
Do you currently ha	ave cash	advance?	No	With wh	o?			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	KURT NO	IRRIS			Title	PRESIDENT			
Date of Birth	01-22-19				SSN	381-82-717	4		
Full Home Address	22430 PORTSTREET ST. CLAIR SHORES, MI. 48082								
Home Phone	(313) 600	0-1900	Cell Phone	(313) 6	00-1900	Email	KURT@N	MEMORYLANERESALE	.COM
Own/Rent	\$ 0 Owr	n	– Years There	10	Drivers	 S Lience #		State	
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 Bas	ed?	No Lo	ocation: Lease	e/Own <u>Lea</u>	sed	Lease Term	3 YEARS	Monthly Rent	2,100.00
Landlord / Mortgage	e Co				_	Contac	it _		
Contact Phone	_			Cell			_ Email		
Bank Name/Branch	FREES CREDIT	TAR FINANC T	IAL Co	ontact			Phone	(586) 466-7800	
Trade Reference#1			Co	ontact —			— Phone		
Trade Reference#2			Co	ontact			— Phone		
Trade Reference#3			Co	ontact			 Phone		

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 on 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 Translunion, 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.

Cianatura#1	Printed Name	KURT NORRIS	Data	12/25/2016
Signature#1	riiiteu waiiie	KUKI NUKKIS	Date	12/23/2010