MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.580	09
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DBA Name	Avant Williams, LLC			Le	Legal Name		Avant Williams, LLC					
Type of Business	Government Contractor Hair an Beauty			and T	Tax ID		46-0671982			LLC		
Full Business Addre	:SS	260 Com	missary Roa	ad, Bldg 7	339, Dyess	Afb, Tx 79607	7					
Full Billing Address												
Phone at Location		(706) 5	04-6383		E	Best Phone <u>(</u> 7	706) 5	04-6383	Fax	(706)	860-7830	
Business Email		wmelvin@avantwilliams.com				Website		www.AvantWil	liams.co	m		
Years In Business		4 Average T		verage Tid	ket	 :		Gross Annual Sales 6		560,000.00		
Do you currently ha	ave cash	advance?	Ye	es \	With who? 5	Small Business	s Fund	ding	Bala	ance <u>1300</u>	0	
Current Credit Card Processor			_			_ Avera	age Pr	ocessing Volur	me			
Last Month Vol.			#of Ticket	s		2nd Month V	ol.		#of	Tickets		
3rd Month Vol.			#of Ticket	s		4th Month V	ol.		#of -	Tickets		
Owner #1 Name	William N	1elvin			Title	Owner						
Date of Birth	0519197	8			- SSN	250-51		<u> </u>				
Full Home Address	5824 Car	riage Hills	Drive, Martin	ez, Ga 3090	- 07							
Home Phone	(706) 504-6383 Cell Phone Email						wmelvin@avantwilliams.com					
Own/Rent	\$ <u>0 Owr</u>	1	Years Tl	here <u>8</u>	D	rivers Lience #	056	654558	State	Georg	jia	
Owner #2 Name					Title							
Date of Birth					- SSN	-						
Full Home Address					-							
Home Phone			Cell Pho	ne		Email						
Own/Rent	\$		 Years Tl	here	D	rivers Lience #			_State			
Business Home Bas	sed?	No	Location: L	ease/Own	Leased	Lease	Геrm	5 years	Mont	hly Rent	149.00	
Landlord / Mortgage	e Co. A	AFES				Co	ntact	<u>:</u>				
Contact Phone	_			Ce				Email	_			
Bank Name/Branch	Bank of	America		Contact				Phone				
Trade Reference#1				Contact				Phone				
Trade Reference#2				Contact				Phone				
Trade Reference#3				Contact				Phone –				
I hereby represent that all authorize you to whom thi will provide financial state	s application ments, tax	n is made or returns, etc.	your agents to as you deem i	investigate necessary. A	my/our financi photocopy of	al responsibility a this authorization	nd cred will be	dit worthiness, spec	cifically pri table for re	ncipal and co elease of cred	rporate entities, and	

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	William Melvin	Date	01/20/2017
Signature#1	rilited Name	william Melvin	Date	01/20/2017