MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.64	46.417.5809
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DBA Name ConnectionPoint			int Legal Name		Cor	ConnectionPoints					
Type of Business	ype of Business Training		T;		ax ID <u>82</u>		4014660			LLC	
Full Business Addre	SS	5205 Nu	thall Dr Ur	nit 103 Virg	inia Beach V	'A 23455					
Full Billing Address											
Phone at Location	tion (301) 841-5077			Best Phone				F	ax _		
Business Email	director@connectionpoints.c		c.com.co Website								
Years In Business	3 Avera		Average Ticket			Gro	Gross Annual Sales 130,0		00.00		
Do you currently h	ave cash	advance?	•	No	With who? _				Balance _		
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Ticke	ets		2nd Month Vol	l		#of Ticket	s	
3rd Month Vol.			#of Ticke	ets		4th Month Vol	l		#of Ticket	s	
Owner #1 Name	Daniel O	dukoya			Title –	CEO					
Date of Birth	06-22-19				SSN -	218-21-2	2327				
Full Home Address	521 King	lets Roost	Lane								
Home Phone	(301) 84	1-5077	Cell Pr	none		Email		director@cor	nectionpoir	nts.com.co	
Own/Rent	\$ <u>0 Ow</u>	n	_ Years	There 3	018415077 D	rivers Lience #	A62673	8684 Sta	ate <u>\</u>	/irginia	
O #2 No					T'M -						
Owner #2 Name					Title -						
Date of Birth Full Home Address					SSN -						
Home Phone			Cell Ph	none		Email					
Own/Rent	\$		Years			rivers Lience #		Sta	ate		
			_	_					_		
Business Home Bas	ed?	No	Location:	Lease/Owi	n <u>Leased</u>	Lease Te	erm		Monthly Re	ent <u>400.00</u>	
Landlord / Mortgage	e Co.					Con	ntact				
Contact Phone	_			Ce	ell			Email			
Bank Name/Branch	BBT			Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone ——			
Trade Reference#3				Contact				Phone			
I haraby represent that all	the shows in	oformation is	terro and rine	laratand that	making falsa sta	tomonto miabt bo a		I fraud. By providing	the should in	formation the or	nlicant(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 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	Daniel Odukoya	Date	10/03/2019
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