	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Ace of sp	ades		Le	gal Na	ame	ace of	spades	cleaning			
Type of Business		Cleaning	Cleaning/ maintenance		Ta	Tax ID		454563030					LLC
Full Business Addre	SS	5480 us h	wy 98 w										
Full Billing Address													
Phone at Location	(850) 660-2197			Best Phone (850)		368-99	22	Fax	(850)	660-2199			
Business Email		aosclean@icloud.com			Website		Www.aceofspadescleaning.com						
Years In Business		10 Average Tic		ket		Gross	Annual S	ales	570,000.0	10			
Do you currently ha	ave cash	advance?	Yes	,	With who? F	undbo	X			Bala	nce <u>9500</u>		
Current Credit Card	d Processo	or					Average	Process	ing Volur	me			
Last Month Vol.			#of Tickets			2nd M	onth Vol.	-		#of T	ickets		
3rd Month Vol.			#of Tickets			4th M	lonth Vol.			#of T	ickets		
Owner #1 Name	Melinda L	iticker			Title		Owner						
Date of Birth	0502198				- SSN		252-85-86	60					
Full Home Address	86 edgev				-								
Home Phone	(850) 368		Cell Phone		(850) 797-39	968	Email		liticker@	icloud.cor	n		
Own/Rent	\$ 0 Ren		— Years The	e 1			_ .ience # L3	326		State	FL		
							_			_			
Owner #2 Name					Title								
Date of Birth					SSN								
Full Home Address					_								
Home Phone			Cell Phone				Email -						
Own/Rent	\$		Years The	e _	Dr	rivers L	ience # _			_State			
Business Home Bas	ed?	No L	ocation: Lea	se/Own	Leased		Lease Terr	n		Mont	hly Rent		
Landlord / Mortgage	 e Co.						Conta	 ict					
Contact Phone	_			Ce	II				Email				
Bank Name/Branch	Trustma	ark	C	ontact				Ph	one				
Trade Reference#1				ontact				— Ph	one –				
Trade Reference#2				ontact				— Ph	one –				
Trade Reference#3				ontact				— Ph	one –				
I beauty and a second by the 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	Melinda Liticker	Date	10/21/2019