Money	/Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DRA Namo	I nk plactics		Legal Name	Lnk plastics			
DBA Name <u>Lnk plastics</u> Type of Business Recycling			Tax ID	81-0902652	Sole Prop		
Full Business Addre		tville ty 77320		01-0302032			
Full Billing Address	25 Kilight III Hulis	LVIIIE LX 77320					
Phone at Location	(281) 785-6224		Best Phone (28)	1) 785-6224 Fax			
Business Email	_	Lnkplastics@aol.com		 Lnkplastics.com			
Years In Business	1.5	Average Ticket			50,000.00		
Do you currently ha	ive cash advance?	Yes With w	who? Tuv and swift	Balan	6000-7000. And ce 21000 i want to pay one off or both		
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Tick	cets	2nd Month Vol.	#of Tic	kets		
3rd Month Vol.	#of Tick	#of Tickets		#of Tickets			
Owner #1 Name	Justin Nelson		Title Owner				
Date of Birth	04-12-1993		SSN 633-36-1	.177			
Full Home Address	92 mary lake ct huntsville tx 77320						
Home Phone	(281) 785-6224 Cell F	Phone (281)	785-6224 Email	Inkplastics@aol.com			
Own/Rent	\$ <u>0 Own</u> Year	s There 1.5	Drivers Lience #	27337132 State	Tx		
Owner #2 Name Date of Birth			Title				
Full Home Address							
Home Phone	Cell F	Phone	 Email				
Own/Rent		s There	Drivers Lience #	State			
Business Home Bas	ed? No Location	: Lease/Own <u>O</u>	wned Lease Tei	rmMonthl	y Rent <u>0.00</u>		
Landlord / Mortgage	e Co		Cont	tact			
Contact Phone		_ Cell		Email			
Bank Name/Branch	First financial bank	Contact		Phone			
	Kolkhorst petroleum	_	eg rybarski	Phone			
Trade Reference#2	Victory packaging	– — Contact		Phone			
	Jk protector recovery	– — — — Contact		Phone			
		<del>-</del>		<del></del>			

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	Justin Nelson	Date	05/08/2017
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