

DBA Name	EDGE AUTO		Legal Name	CAR ONE LLC`	
Type of Business	AUTOMOTIVE		Tax ID	26-3968112	LLC
Full Business Address	62 W 14 MILE CLAWSON, MI 48017				
Full Billing Address					
Phone at Location	(248) 435-4355		Best Phone	(248) 894-2115	Fax (248) 435-2744
Business Email	GAMBRO@EDGEAUTO.NET		Website	EDGEAUTO.NET	
Years In Business	11	Average Ticket		Gross Annual Sales	12,000,000.00
Do you currently have cash advance?			With who?		
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	GARY AMBRO		Title	MANAGING MEMBER	
Date of Birth			SSN	367-82-3186	
Full Home Address	532 SPRINGVIEW DR				
Home Phone	(248) 435-4355	Cell Phone	(248) 894-2115	Email	GAMBRO@EDGEAUTO.NET
Own/Rent	\$ 0 Own	Years There	16	Drivers Lience #	A516271067128
				State	MI
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 Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	BILL FOREN		Contact		
Contact Phone	(248) 486-5112	Cell		Email	

Bank Name/Branch	PNC CLAWSON	Contact	TYRECE SNOWDEN	Phone	(248) 588-4530
Trade Reference#1	MINNEHAN CAR CO	Contact	TOM MINNEHAN	Phone	(586) 855-7365
Trade Reference#2	GATEWAY FINICAL SOLUTIONS	Contact	SARAH SIRIANI	Phone	(248) 210-3754
Trade Reference#3	FRIENDLY CHRYSLER	Contact	TOM WESLEY	Phone	(810) 343-2200

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

GARY AMBRO

Date

07/15/2016