MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name		abc company			Legal Name			Test			
Type of Business		test			——— Та	ıx ID		886529873	}		Corp
Full Business Addre	ess	12321 tes									
Full Billing Address											
Phone at Location		(555) 55	5-5555		ļ	Best Phone	e		Fax	(	
Business Email						Websi	te				
Years In Business		8	Ave	erage Ticl	ket			Gross Annu	al Sales	1,000,0	00.00
Do you currently h	ave cash	advance?	No	W	/ith who? _				В	alance	
Current Credit Car	d Process	or				A	verage l	Processing V	olume		
Last Month Vol.			#of Tickets			2nd Mont	h Vol.		#(	of Tickets	
3rd Month Vol.			#of Tickets			4th Mont	h Vol.		#0	of Tickets	
Owner #1 Name	test test				Title		ner	10			
Date of Birth	01-01-19				SSN	65	4-89-654	19			
Full Home Address Home Phone	4654 tes		Cell Phone			F	nail	forri	to luciono G	amail sam	
	(555) 55		<u> </u>	-						gmail.com	
Own/Rent	\$ <u>0 Ow</u>	1	Years The	ere	<sup>D</sup>	rivers Lienc	.e #		State		
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone	2		En	nail				
Own/Rent	\$		Years The	ere	D	rivers Lienc	e#		State		
Business Home Bas	sed?	No I	_ocation: Lea	ase/Own	Leased	Lea	se Term	 1	Мс	nthly Rent	
   Landlord / Mortgag	e Co.						Conta	ct			
Contact Phone	_			Cell	_			_ Ema	ail		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			
I hereby represent that all	the above ir	nformation is t	rue and underst	and that ma	king false sta	ements mial	nt be cons	 idered fraud. Bv	providing th	e above infor	mation, the applicant(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	test test	Date	02/21/2019