

DBA Name		llc			Le	egal Name	Us Cargo Ex	press LLC	
Type of Business		truckin	g		T	ax ID	461634275		LLC
Full Business Addre	:SS	4735 22	mile rd sh	elby twp mi	48317				
Full Billing Address									
Phone at Location		(586) 3	35-7805		1	Best Phone (58	33) 222-1173	Fax	(586) 991-0520
Business Email		uscarg	oexpress@	yahoo.com		Website			
Years In Business		6		Average Tic	ket		Gross Annua	l Sales	2,000,000.00
Do you currently ha	ave cas	sh advance	?	No \	Nith who? _			Bala	ince
Current Credit Card	d Proce	ssor				_ Averag	ge Processing Vo	olume	
Last Month Vol.			#of Tick	ets		2nd Month Vo	l	#of T	Tickets
3rd Month Vol.			#of Tick	ets		4th Month Vo	l	#of T	Fickets
Owner #1 Name	ljuca u	iikic			Title	e owner			
Date of Birth	10291				. SSN		2893		
Full Home Address	57546 yourkshire dr washington mi 48094								
Home Phone		222-1173	Cell Ph		(586) 222-1	1173 Email	uscai	goexpress@y	yahoo.com
Own/Rent	\$ 0 C)wn	—— Years	There 58	 62221173 D	Drivers Lience #	u220523021832	State	michigan
				_					
Owner #2 Name					Title	2			
Date of Birth					SSN				
Full Home Address					•				
Home Phone			Cell Ph	none		Email			
Own/Rent	\$		Years	There		Privers Lience #		State	
Business Home Bas	sed?	Yes	Location:	Lease/Own	Owned	Lease Te	erm	Mont	hly Rent
Landlord / Mortgage	e Co.	00				Cor	ntact	00	
Contact Phone				Cel	_		Ema	il	
Bank Name/Branch	hunti	ington		Contact	nicholas	s watson	Phone	(586) 25	4-6042
Trade Reference#1 Nitro Logistics		Contact	jan		Phone	(586) 61	(586) 615-5593		
Trade Reference#2	usa l	ogistics		Contact	scott br	use	Phone	(260) 24	3-6350
Trade Reference#3	intra	state trucki	ng	Contact	kristian		Phone	(586) 22	4-0739
I hereby represent that all	the abov	e information i	s true and und	derstand that m	aking false sta	atements might he c	considered fraud. By	providing the al	bove information, 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	ljuca ujkic	Date	04/11/2017
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