

DBA Name	Quality Express Delivery		Legal Name	Quality Express Delivery	
Type of Business	Trucking/Courier/Logistics		Tax ID	201431190	Corp
Full Business Address	10490 Busch Dr				
Full Billing Address					
Phone at Location	(904) 783-3335		Best Phone	(904) 412-1886	Fax
Business Email	redmondsjr@gmail.com		Website		
Years In Business	18	Average Ticket		Gross Annual Sales	3,000,000.00
Do you currently have cash advance?	Yes	With who?	Elevate, Fox		Balance 77878.00,21498.00
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Kim Murrer		Title	owner	
Date of Birth	06/15/1950		SSN	262-90-7470	
Full Home Address	11355 Avery Dr.				
Home Phone	(904) 783-3335	Cell Phone	(904) 759-2150	Email	jason@qualityexpressdelivery.com
Own/Rent	\$ 0 Own	Years There	20	Drivers Lience #	E355754502150
				State	Florida
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	5 years	Monthly Rent	15,000.00
Landlord / Mortgage Co.	MDH Partners			Contact	Joe Dehaven		
Contact Phone	(404) 920-8475	Cell	(912) 398-3714	Email	jdehaven@mdhpartners.com		

Bank Name/Branch	Community First CU	Contact	Sharon Seagraves	Phone	(904) 354-8537
Trade Reference#1	Alpha Logistics	Contact	Brian Mckenzie	Phone	(321) 695-4313
Trade Reference#2	AIT Worldwide	Contact	Jack Holt	Phone	(847) 899-2141
Trade Reference#3	Green Ribbon	Contact	Brian Clark	Phone	(800) 351-6451

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 aboe listed business and business owne/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 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 informaiton 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

Richard Edmonds

Date

08/30/2017