MoneyWorks >>	Sales Rep: Julian

DBA Name		iLoveKickbo	xing	L	egal Name	emmerson LLC		
Type of Business		Fitness			ax ID	45-5597683		Corp
Full Business Addre	ess	6275 Centen	nial Center blvd	#130				·
Full Billing Address								
Phone at Location		(702) 754-4	243		Best Phone (702	) 378-1514	Fax	(702) 754-4243
Business Email		davidinman	6@gmail.com		Website			
Years In Business		6	Average Ti	icket		Gross Annual Sale	es <u>800</u>	,000.00
Do you currently h	ave cash a	advance?	No	With who?			Balance	
Current Credit Card	d Processo	or			Average	Processing Volume	_	
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Tick	ets
3rd Month Vol.		#o	Tickets		4th Month Vol.		#of Tick	ets
O #1 No	Day del Inco			Title	Decidal land			
Owner #1 Name  Date of Birth	David Inm 04/12/197			Title — SSN				
Full Home Address	7253 Lan			_	313-04-20	707		
Home Phone	(702) 378		Cell Phone	(702) 378-	1514 Email	davidinmar	n6@gmail.c	om
Own/Rent	\$ 0 Rent		Years There 3		Drivers Lience # 1		State	Nevada
,	T				_			
Owner #2 Name				Title	2			
Date of Birth				– SSN				
Full Home Address				_				
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There _	[	Orivers Lience # _		State	
Business Home Bas	sed?	No Loca	ation: Lease/Owi	n <u>Lease</u> c	Lease Ter	m	_Monthly	Rent
Landlord / Mortgag	e Co. <u>k</u> i	ite realty			Conta	act		
Contact Phone	_		Ce	ell _		Email		
Bank Name/Branch			Contact	-		Phone		
Trade Reference#1			 Contact	=		Phone		
Trade Reference#2			 Contact	<del></del>		Phone		
Trade Reference#3			 Contact	<u> </u>		Phone		
I hereby represent that all	the above in	formation is true a	and understand that r	making false sta	atements might be con	sidered fraud. By providi	ng the above	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	d Name David Inma	n Date	11/09/2017
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