

DBA Name		Luxury \		1.6	egal Name	HIXHR	Y WASH INC	
Type of Business		auto care company			Tax ID		455618250	
Full Business Addre	cc		ith Cobb dr se, smy			15501	0230	Corp
Full Billing Address	33	3 103 300	itii cobb di 3c, siriy	111a ga 30000				
Phone at Location		(770) 80	03-0084		Best Phone		Fax	
Business Email		luxurywashoffice@gmail.com					luxurywashoffice@gmail.com	
Years In Business		5	Average ⁻	Tielset		Gross A	130,000.00	
Do you currently ha	ave cash a	advance?		— With who?	_		-	nce
Current Credit Card				_			ng Volume	
	111000330) i			-			
Last Month Vol.			#of Tickets		2nd Month Vol.		#0f I	
3rd Month Vol.			#of Tickets		4th Month Vol.		#of T	ickets
Owner #1 News	DDANDO	J DENTI EV		Titl a	Con			
Owner #1 Name Date of Birth	07-14-19	N BENTLEY		Title		117		
Full Home Address			smyrna ga 30080	SSN	250-51-0	447		
Home Phone	(404) 437		Cell Phone		Email		LUXURYWASHOFFI	CE@GMAIL COM
Own/Rent	\$ 0 Own		Years There		rivers Lience # (040212096		
Own/Rent	\$ O OWI	1	_ rears mere		Tivers Lience # _	049212000	ostate	ga
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	•	State	
Business Home Bas	ed?	Yes	Location: Lease/Ov	vn Owned	Lease Ter	rm	Month	nly Rent
Landlord / Mortgage			•		 Cont	act		
Contact Phone	_			Coll	00110			
Contact Phone	_			Cell			Email	
Bank Name/Branch	-		Contac	ct		Pho	one	
Trade Reference#1			Contac	ct		Pho	one	
Trade Reference#2			Contac	ct		— Pho	one	
Trade Reference#3			Contac	ct		Pho	one	

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	BRANDON BENTLEY	Date	07/29/2016
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