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

554.41		OUALITY #1 B	NINTING LLG		1.51	OLIALITY #1	DAINITING	<u> </u>
DBA Name		QUALITY #1 PA			al Name	QUALITY #1	PAINTING LLC	
Type of Business		INDUSTRIAL PA		Tax	ID	47-2334284		_ LLC
Full Business Addre	:SS	3207 WHITEHA	LL RD					
Full Billing Address								
Phone at Location	Phone at Location (231) 766-2282		2	Best Phone			Fax	(231) 766-3246
Business Email		FRANKO1938@	DAOL.COM		Website	NONE		
Years In Business		54	Average Tick	cet		Gross Annual	Sales <u>-60</u>	0,000,700,000.00
Do you currently h	ave cash a	advance?	Yes W	ith who? ME	RCHANT CASH		Balanc	e <u>4900.00</u>
Current Credit Card	d Processo	or			Average	Processing Vol	ume _	
Last Month Vol.		#of T	ickets	2	nd Month Vol.		#of Ticl	cets
3rd Month Vol.		#of T	ickets	4	th Month Vol.		#of Ticl	cets
Owner #1 Name	MARY CR	EWS		Title	CEO			
Date of Birth	05 04 194	41		SSN	200- 6-0 30	0		
Full Home Address	1901 SPE	NCER DR						
Home Phone	(231) 766	5-2282 Ce	II Phone		Email	FRANK	O1938@AOL.C	ОМ
Own/Rent	\$ <u>0 Own</u>	Ye	ars There 44	Driv	ers Lience # <u>C</u> 6	620 587 219 341	State	MI
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address		C	II Dhana		Farail			
Home Phone			II Phone -		Email			
Own/Rent	\$	Ye	ars There	Driv	ers Lience #		State	
Business Home Bas	sed?	No Locati	on: Lease/Own	Owned	Lease Tern	n	Monthly	Rent
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone	_		Cell			Email		
Bank Name/Branch	SHELBY	STATE BANK	Contact	M. BAUER		Phone	(231) 744-6	5231
Trade Reference#1			— Contact			– Phone	-	
Trade Reference#2			— Contact			— Phone		
Trade Reference#3			— Contact			– Phone		
I hereby represent that all	the above in	formation is true and	understand that ma	king false statem	nents might be cons	— sidered fraud. By pr	oviding the abov	e 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	MARY CREWS	Date	03/07/2017
Signature#1	Timeed Name	MART CREWS	Date	03/01/2011