	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
--	--

DDA Nama		Wile Out Toy Ch			I N	Wilse	and Tay Chama LLC	
DBA Name	Wily Owl Toy Store			Legal Name			Wily Owl Toy Store, LLC	
Type of Business		Retail Toy Store			Tax ID		472259476	
Full Business Addre	ess	133 N. Woodland	l Blvd.					
Full Billing Address								
Phone at Location		(386) 873-7083			Best Phone (386) 873-70	83 Fax	
Business Email		wilyowltoystore	@gmail.con	Website		wilyov	wilyowltoystore.com	
Years In Business		3 yr Average		Ticket		_ Gross /	Gross Annual Sales 130,000.00	
Do you currently h	ave cash a	advance?	No	With who?			Balance	
Current Credit Card	or			Aver	age Process	ing Volume		
Last Month Vol.		#of Tic	kets _		2nd Month \	/ol	#of Tickets	
3rd Month Vol.		#of Tic	kets _		4th Month V	ol	#of Tickets	
Owner #1 Name	Vincent P	hilip		Titl 				
Date of Birth	12-27-1969			— SSI	N 093-6	6-2923		
Full Home Address	1634 Mercers Fernery Rd, DeLand, FL 32720							
Home Phone	(386) 747	-4341 Cell	Phone		Email		wilyowltoystore@gmail.com	
Own/Rent	\$ <u>0 Own</u>	Yea	rs There	4	Drivers Lience #	P41087369	94670 State Florida	
Owner #2 Name				Titl	e			
Date of Birth				SSI	N			
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There		Drivers Lience #	·	State	
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent								
Landlord / Mortgage	Co.	Mar Les Inc			C	ontact	Melissa Feasel Duncan	
Contact Phone	(386	5) 738-3300	Cell			Email	mfeaselduncan@cohen	smithcpas.com
Bank Name/Branch	Bank of A	merica/DeLand	Contact			Phone	(386) 943-6009	
Trade Reference#1	Manhatta	n Toy Company	Contact	Liz		Phone	(612) 337-3817	
Trade Reference#2	Blue Oran	ge Games	Contact	Michelle R	oyster	Phone	(415) 252-0372	
Trade Reference#3	Thames &	Kosmos	Contact	Tracy Cost	a	- Phone -	(800) 587-2872	

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 Vincent Philip Date 07/22/2	017
--	-----