MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name		acworth	muffler s	hop	Le	egal Name	Rus	ssells plac	e IIc		
Type of Business		-	tive repai	-		ax ID		9454148			LLC
Full Business Addre	55		e Acworth					7.0.12.0			
Full Billing Address	<b>J</b> J	3000 2410		15.170							
Phone at Location		(678) 77	70-0777			Best Phone (6		-0777	Fax		
Business Email				op@gmail.co		Website		acworth muffler shop			
Years In Business		one Averag						Gross Annual Sales 225,000.0			
Do you currently ha	ave casl	h advance?		_	 ith who?		i i		-	nce	
Current Credit Card					_			essing Vol	-		
Last Month Vol.	110000	.501	#of Ticke			2nd Month Vo	_	2331119 1011		ickets	
									•		_
3rd Month Vol.			#of Ticke	ets		4th Month Vo	ol		#of T	ickets	
Owner #1 Name	Russell	Henegar			Title	owner					
Date of Birth	8/14/70				SSN	254-13	3-1623				
Full Home Address	54 pine needle trail cartersville ga										
Home Phone	(678) 7	70-0777	Cell Ph	none	(678) 770-0	777 Email		acwort	hmufflersho	p@gmail.com	
Own/Rent	\$ 0 O	wn	— Years	There 19	previous D	rivers Lience #	052845	863	State	Georgia	
			_								_
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Ph	none _		Email					
Own/Rent	\$		- Years	There	D	rivers Lience #			State		_
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease T	erm		Month	nly Rent	
Landlord / Mortgage		mark tatun				 Co	ntact	-		<u> </u>	
		(404) 732-		Call		00		Email			
Contact Phone		(404) 732-3	5597	. Cell	_			Email			
Bank Name/Branch	regior	าร		Contact				Phone			
Trade Reference#1	auto z	zone		Contact	tracey			Phone	(770) 974	4-9123	
Trade Reference#2	advar	nced auto		Contact	mike			Phone	(770) 974	4-0176	
Trade Reference#3	oreilly	/'S		Contact	cammy			Phone	(770) 974	4-0758	
					_						

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	Russell Henegar	Date	01/17/2017