	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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Full Business Address 2490 LEE BLVD # 322 Full Billing Address Phone at Location (216) 664-0600 Best Phone (216) 664-0600 Fax (216) 417-6421	LLC					
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Phone at Location (216) 664-0600 Best Phone (216) 664-0600 Fax (216) 417-6421						
Business Email BRL@CLASSCO.ORG Website WWW.CLASSCO.ORG						
Years In Business 18 Average Ticket Gross Annual Sales 865,000.00						
Do you currently have cash advance? No With who? Balance						
Current Credit Card Processor Average Processing Volume						
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets						
3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets						
Owner #1 Name ROBERT LYONS Title OWNER						
Date of Birth 12-17-1956 SSN 298-54-6591						
Full Home Address 1600 OAKWOOD DRIVE CLEVE HTS OH 44121						
Home Phone (216) 664-0600 Cell Phone (216) 244-3993 Email brl@classco.org						
Own/Rent \$ 0 Own Years There 8 Drivers Lience # RT5985774 State OHIO						
Owner #2 Name Title						
Date of Birth SSN						
Full Home Address						
Home Phone Cell Phone Email						
Own/Rent \$ Years There Drivers Lience # State						
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent						
Landlord / Mortgage Co. MAYLEE BLDG LLC Contact STAN						
Contact Phone (216) 244-1300 Cell (216) 244-1300 Email						
Bank Name/Branch CITIZENS BANK Contact DAMIEN Phone (440) 845-6300						
Trade Reference#1 WOODHILL SUPPLY Contact DAMIEN Phone (216) 229-3900						
Trade Reference#2 HOME DEPOT Contact ED PETWAY Phone (216) 297-1303						
Trade Reference#3 LOWES Contact CHRIS Phone (440) 331-1027						

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	ROBERT LYONS	Date	08/12/2016
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