Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
---	-----

DBA Name	diablo of antioch			Legal Name		ADVANCED	ADVANCED CAR CARE	
Type of Business auto reair			Tax ID		813810658	3	LLC	
Full Business Addre	ess	114 Railroad Ave	9					
Full Billing Address								
Phone at Location	n (925) 250-2325				Best Phone (925) 250-2325	Fax _	
Business Email		kaiearls.ke@gn	nail.com		Website			
Years In Business		8	Average Tic	ket		Gross Annua	l Sales <u>23,00</u>	0.00
Do you currently ha	ave cash a	advance?	No V	With who? _			Balance _	
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	<u> </u>
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	<u> </u>
Owner #1 Name	kai earls			Title				
Date of Birth	04/01/195			SSN	556-06-65	509		
Full Home Address	1006 w 10							
Home Phone	(925) 250	-2325 Cell	Phone	(925) 250-2	325 Email	kaiea ———	rls.ke@gmail.com	
Own/Rent	\$ 0 Rent	Yea	rs There 92	52502325 D	rivers Lience # $\frac{N}{2}$	15285867	State	California
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	D	rivers Lience # _		State	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Teri	m	Monthly Re	
Landlord / Mortgage	e Co. <u>ac</u>	dams warehouse			Conta	act	Leon Adams	
Contact Phone	<u>(9</u>	916) 761-4800	Cel	l <u> </u>		Ema	il	
Bank Name/Branch	b of ant	ioch	Contact	Arron H	urtado	Phone	(925) 493-940	3
Trade Reference#1	erence#1 orieleys Contact		johnny , sam		— Phone	(925) 756-089	3	
Trade Reference#2	neds au	to body supply	Contact	ben		Phone	(925) 432-858	5
Trade Reference#3	winter c	hevrolet	Contact	Bob Rez	endez	Phone	(925) 439-822	2
	46			-1		-idd formal Division		

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 sownet/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 Pi	rinted Name	Kai Earls	Date	01/17/2017
----------------	-------------	-----------	------	------------