

DBA Name	TrainingRite				Legal Name		Rite International Group of companies, Inc		
Type of Business		Software Consulting & Education Services			on Tax	( ID	46-5722537		Corp
Full Business Addre	SS	8 Ackern	nan Street						
Full Billing Address									
Phone at Location		(888) 7	86-3033		Be	st Phone <u>(732)</u>	998-6650	Fax	
Business Email		mktg@trainingrite.net				Website		www.TrainingRite.com	
Years In Business 3			Average Ticket			Gross Annual Sales 345,000.00		00	
Do you currently ha	ave cash	advance?	1	No W	ith who?			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.			#of Ticket	is	2	nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket			th Month Vol.		#of Tickets	
Owner #1 Name	Hafeezur	Mohamme	ed		Title	President			
Date of Birth	1118196	7			SSN	589-37-500	06		
Full Home Address	144 Fairway Terrace								
Home Phone	(973) 73	5-4996	Cell Pho	one		Email	trainiı	ngrite@gmail.com	
Own/Rent	\$ 0 Ren	t	 Years T	here 5	Driv	ers Lience # <u>m</u>	616031179116	71 State <u>nj</u>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pho	one _		Email			
Own/Rent	\$		_ Years T	here	Driv	ers Lience #		State	
Business Home Bas	ed?	Yes	Location: l	_ease/Own	Leased	Lease Tern	n <u>2</u>	Monthly Rent	3,100.00
Landlord / Mortgage	e Co. <u>A</u>	L DADA				Conta	ct		
Contact Phone	_			Cell			_ Ema	il	
Bank Name/Branch	Wells F	argo		Contact	Taline Pur	ut	Phone	(201) 251-4426	
Trade Reference#1	HatsOff	Technolo	ogies, Inc	Contact	Sudhakar	Agaram	Phone	(732) 875-8259	
Trade Reference#2				Contact			– Phone		
Trade Reference#3				Contact			– Phone		
I hereby represent that all	the above ir	formation is	true and unde	rstand that mak	king false stater	ments might be cons	sidered fraud. By p	providing the above informa	ation, 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	Hafeezur Mohammed	Date	05/15/2018