

DBA Name	Johnson Family Financial Services, Inc.		Legal Name	Johnson Family Financial Services, Inc.	
Type of Business	Tax Preparation and accounting		Tax ID	462894080	Corp
Full Business Address	623 South 52nd Street				
Full Billing Address					
Phone at Location	(215) 476-2130	Best Phone		Fax	(215) 476-2020
Business Email	jffs623@gmail.com	Website	www.taxprepphiladelphia.com		
Years In Business	3	Average Ticket		Gross Annual Sales	275,000.00
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.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	Robert Johnson		Title	Robert E Johnson	
Date of Birth	12-28-1955		SSN	160-48-6690	
Full Home Address	5412 IRVING STREET				
Home Phone	(215) 476-2130	Cell Phone	(215) 430-2810	Email	jffs623.rj@gmail.com
Own/Rent	\$ 0 Own	Years There	26	Drivers Lience #	19328002
				State	Pennsylvania
<b>Owner #2 Name</b>			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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	PNC Bank 40th Street	Contact		Phone	
Trade Reference#1	M Burr Keim	Contact	Carol	Phone	(215) 563-8113
Trade Reference#2	Action Jackson Insurance	Contact	Henry Jackson	Phone	(215) 474-1144
Trade Reference#3	Office Basics	Contact	Mike	Phone	(610) 471-1000

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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 Johnson

Date

07/05/2017