Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name		DAIM RE	ACHRINTEDIOD	EINICHE	S 100	gal Namo	FLOV		LETT		
		PALM BEACHBINTERIOR FINISHES  CONSTRUCTION			Legal Name Tax ID		FLOYD A. SCARLETT 47-4269616			Corn	
Type of Business		-			I d	עו א	47-42	209010			Corp
Full Business Addre	SS	911 SANI	OTREE DRIVE								
Full Billing Address		(5.61) 0.5									
Phone at Location (561) 255-1417								Fax			
Business Email KRYSTALVIBES@J					Website						
Years In Business		3 Averag		ge Ticket	ket		Gross	Gross Annual Sales 275,000.00			
Do you currently ha	ave cash	advance?	No	With	n who?				Balan	ce	
Current Credit Card	d Processo	or				Average	e Proces	sing Volum	ne		
Last Month Vol.			#of Tickets		:	2nd Month Vol.			#of Tio	ckets	
3rd Month Vol.			#of Tickets			4th Month Vol.	·		#of Tio	ckets	
Owner #1 Name	FLOYD SO				Title	PRES					
Date of Birth	0317196	2			SSN	474-26-9	9616				
Full Home Address	911 SANI	OTREE DRIV	/E								
Home Phone	(561) 255	5-1417	Cell Phone			Email		KRYSTAL	VIBES@JUN	IO.COM	
Own/Rent	\$ <u>0 Owr</u>	1	Years There	3	Dri	vers Lience #	S6432416	520970	State	FLORIDA	_
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone			Email					
Own/Rent	\$		Years There		Dri	ivers Lience #			_State		_
Business Home Bas	ed?	No	Location: Lease	/Own	Leased	Lease Tei	rm _		Monthl	y Rent	
Landlord / Mortgage	e Co. <u>C</u>	CWEN				Cont	tact	_			
Contact Phone	_			Cell				Email			
Bank Name/Branch			Cor	tact			Pl	none			
Trade Reference#1			Cor	tact			— Pl	none _			
Trade Reference#2			Cor	tact –			 Pl	none			
Trade Reference#3				tact			Pł	none			
I horoby roprocont that all	the above in	formation is	true and understand	that makin	a falsa stata	ananta miaht ha aa	maidarad fr	and By provide	ding the she	us information th	a annlicant(a)

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	FLOYD SCARLETT	Date	01/31/2018
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