

DBA Name		CARDIN	IAL CAB		Legal Name C			CARDINAL CAB LLC				
Type of Business		TAXI			Tax ID			3988838				LLC
Full Business Address		221 1ST	AVE W									
Full Billing Address												
Phone at Location		(641) 792-0000			Best Phone (641) 8		641) 840-	2703	Fax			
Business Email		CARDINALCAB@GMAIL.COM			Website		CAR	CARDINALCABLLC.COM				
Years In Business		3		Average Ti	cket		Gros	s Annual S	Sales <u>1</u> 0	00,000.0	00	
Do you currently h	advance? Yes V			With who? <u>CAPITAL FOR MERC</u>		1ERCHAN	TS	Balan	ce <u>1942</u>	7.86		
Current Credit Card Processor						Avera	ige Proce	ssing Volu	me			
Last Month Vol.	#of Tickets			2nd Month Vol.			#of Tickets					
3rd Month Vol.	Month Vol.			ets	4th Month Vol.			#of Tickets				
Owner #1 Name	BRENDA DAUGHTREY			Title	e OWNER							
Date of Birth	02-18-198	31			SSN -	483-04	l-3123					
Full Home Address	212 W 8T	H ST S										
Home Phone	(641) 840-2703 Cell Phone			(641) 840-27	D3 Email		CARDINALCAB@GMAIL.COM					
Own/Rent	\$ <u>0 Own</u>	\$ <u>0 Own</u> Years There <u>5</u>			Dri	Drivers Lience # 684WW0156			State	IA		
O 4/2 No	EADL MA	LDEDTCOA			T'H -	OWNE	D					
Owner #2 Name	EARL M ALBERTSON				Title OWNER SSN 484-80-1358							
Date of Birth Full Home Address	212 W 8T	ц ст с			SSN –	484-80)-1358					
Home Phone	(515) 954		Cell P	hono	(515) 954-89	46 Email		CARDIN	ALCAB@GMA	NII COM		
Own/Rent	\$ Own	-0940		There	Drivers Lience #			CARDIN	State	IA		
OWII/Relic	\$ OWII					reis Lience #	-			<u>IA</u>		
Business Home Bas	ed?	No	Location	: Lease/Owi	Leased	Lease T	Term	3YRS	Monthl	y Rent	400.00	
Landlord / Mortgage Co. SCOTT CREECH						Co	ntact					
Contact Phone	_			_ Ce	ell <u>(64</u>	1) 521-0002	<u> </u>	Email				
Bank Name/Branch	ADVAN UNION	TAGE CR	EDIT	Contac	t			Phone	(641) 792	2-5660		
Trade Reference#1				 Contac	it			Phone				
Trade Reference#2				 Contac	:t			Phone				
Trade Reference#3				 Contac	:t			Phone				
I hereby represent that all	the above in	formation is	true and un	derstand that r	naking false state	ments might he	considered	fraud By pro	viding the abo	ve informa	tion the ann	licant(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 BRENDA DAUGHTREY	Date	02/28/2017
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