Money Works Direct ADMINISTRATIVE FORM PLEA	SE FAX TO:1.646.417.5809
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DBA Name		Adako Solutior	ns	1	egal Name	Adako Solutions	<u> </u>	
Type of Business		Information Te			•	474904667	<u> </u>	Corp
Full Business Addres		21804 Westmin				474304007		Согр
		21004 Westmin	ister Place Ste	ening va 201	04			
Full Billing Address		(702) 010 100	1		702	\ 010 1001		
Phone at Location		(703) 919-190		I	Best Phone (703	919-1901	Fax	
Business Email		ykargbo@gma			Website			
Years In Business		1	Average T	icket		Gross Annual Sa	les <u>100,000</u>	.00
Do you currently ha	ve cash a	advance?	No	With who? _			Balance	
Current Credit Card	Processo	or			Average	Processing Volum	ne	
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Yusuf Kar	aha		Title	President			
-	10-24-197	-		– SSN		NO.1		
-		estminster Place		_				
-	(703) 919		II Phone	(703) 919-1	.901 Email	vkargho@	gmail.com	
Own/Rent	\$ 0 Rent				Drivers Lience #			ginia (VA)
OWN/RCHE	y o neme		<u>, ars mere</u>	05 515 1501	-	100033703	_State	<u> </u>
Owner #2 Name				Title				
- Date of Birth				– SSN				
Full Home Address				_				
Home Phone		Ce	II Phone		Email			
Own/Rent	\$	Ye	ears There	D	rivers Lience #		State	
Business Home Base	ed?	No Locati	on: Lease/Ow	n Leased	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	Co. Pr	rivate Owner			Conta	act 7	 03-863-3497	
Contact Phone	_		Ce			 Email		
Bank Name/Branch	Suntrust	t	Contact	t		Phone		
Trade Reference#1			— Contact			— — Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			— Contact			Phone		
I hereby represent that all th	ne ahove inf	formation is true and			tements might be con		ding the above inform	nation 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	Yusuf Kargbo	Date	09/21/2016