

DBA Name		Tri State Aut	o Group	Leo	jal Name	Tri State Auto Gro	un	
Type of Business		Auto sales	о олошр	 Tax		46-4075161		Corp
Full Business Address		6 Cadiz Pike						Согр
Full Billing Address	.55	o caale i ike						
Phone at Location		(740) 633-8897			est Phone		Fax	
Business Email			ohio@aol.com			Tristateautoohio.c		
Years In Business		3	Average Tick	et		Gross Annual Sales	s 7,000,000.00	
Do you currently h	ave cash a	advance?	Yes W	/ith who? Sw	vift capital		Balance <u>150000</u>	
Current Credit Card Processor		or			Average	Processing Volume		
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Candice A	Anthony		Title	Owner			
Date of Birth	01-05-19	79		SSN				
Full Home Address	23417235	55						
Home Phone	(740) 633	740) 633-8897 Cell Phone		Email		tristateautoohio@aol.com		
Own/Rent	\$ <u>0 Own</u>	1	Years There 3	Dri	vers Lience #	St	ate	_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address	_							
Home Phone		(Cell Phone		Email			
Own/Rent	\$	· · · · · · · · · · · · · · · · · · ·	Years There	Dri	vers Lience #	St	ate	_
Business Home Bas	sed?	No Loca	ation: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. P	enn Holding Ll	lc		Conta	ct		
Contact Phone	_		Cell			Email		
Bank Name/Branch	United I	Bank	Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			 Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true a	nd understand that ma	king false state	ments might be cons	sidered fraud. By providing	g the above information, th	e 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	Candice Anthony	Date	12/13/2016