

DBA Name		Luxury Autobo	ody	Le	gal Name	Luxury Autob	ody	
Type of Business		Auto Body and	d Accessories	Tax ID		47-5520426		Corp
Full Business Addre	:SS	17811 Bretz Di	ive					
Full Billing Address	•							
Phone at Location	-			В	sest Phone (708)	922-3000	Fax	
Business Email		luxury60430@	gmail.com		Website	_		
Years In Business		2	Average Tick	ket		Gross Annual	Sales <u>168,000.00</u>	
Do you currently ha	ave cash a	advance?	No W	/ith who? _			Balance	
Current Credit Card	d Processo	or			Average F	Processing Volu	ume	
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	Karl Hearr	n		Title	President			
Date of Birth	05161978	3		SSN	354-86-362	.2		
Full Home Address	15 North H	Hampton ct			-			
Home Phone	(708) 600	-2045 Ce	ell Phone	(708) 600-20	045 Email	luxury	50430@gmail.com	
Own/Rent	\$ 0 Own	Ye	ears There 6	Dr	rivers Lience # h6	5050278140	State Illinois	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone		Email			
Own/Rent	\$	Ye	ears There	Dr	rivers Lience #		State	
Business Home Bas	sed?	No Locat	on: Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgage	e Co. M	ack Industries			Contac	ct	Lori	
Contact Phone	<u>(7</u>	'08) 263-2139	Cell			_ Email	lori@mackindus	tries.com
Bank Name/Branch	Chase		Contact	Amanda		Phone	(708) 799-3000	
Trade Reference#1 K and K		Contact	Troy		Phone	(219) 923-1955		
Trade Reference#2 D and J		Contact	Doug		Phone	(708) 969-2277		
Trade Reference#3	de Reference#3 GZC		Contact	Brian		- Phone	(219) 947-5040	
				11 61 11		1. 16 1.5	oviding the above information	+l !: +(-)

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	Karl Hearn	Date	01/11/2017
-------------	--------------	------------	------	------------