

DBA Name		Angel Adiele			Legal Name		Angel Adiele Home		
Type of Business		Nursing contracts			_Tax ID		454676347		Corp
Full Business Addre	ess	5638 Timber E	Bay ct, Katy T	x 77450					
Full Billing Address									
Phone at Location		(832) 267-1145			Best Phone (842) 267-1145 Fax (281) 829-7			(281) 829-7270	
Business Email	angelpdg@aol.com			Website					
Years In Business		3+	Ticket	cket Gross Ar			Annual Sales <u>70,000.00</u>		
Do you currently ha	ave cash	advance?	No	With who?				Balan	ce
Current Credit Card Processor					_	Average l	Processing Vo	lume	
Last Month Vol.		#of	Tickets _		2nd N	Month Vol.		#of Tic	kets
3rd Month Vol.		#of	Tickets _		4th N	Month Vol.		#of Tic	kets
Owner #1 Name	Angel Ad	iele		Tit	le	Owner			,
Date of Birth	01/19/19	53		SS	N	6347			
Full Home Address	1518 Palisade green dr, Katy Tx 77493								
Home Phone	(842) 267	7-1245 C	ell Phone	(842) 267	-1145	Email	angel	pdg@aol.com	
Own/Rent	\$ <u>0 Ren</u>	t Y	ears There	8+	Drivers I	Lience # 13	254657	State	Tx
Owner #2 Name				Tit	lo.				
Date of Birth				SS					
Full Home Address					IN				_
Home Phone			ell Phone			Email			
Own/Rent	\$		ears There		Drivore I	Lience #		State	
Ownintent	Ψ <u></u>	'	ears mere						
Business Home Bas	sed?	Yes Loca	tion: Lease/O	wn <u>Lease</u>	ed	_Lease Term	ı	Monthl	y Rent
Landlord / Mortgage	e Co					Contac	ct		
Contact Phone	_			Cell _			_ Ema	il	
Bank Name/Branch	Wells F	argo	Conta	nct			Phone	(800) 869-	3557
Trade Reference#1	_		 Conta	nct			_ Phone		
Trade Reference#2			 Conta	 act			– Phone		
Trade Reference#3			Conta	nct			Phone		
I horoby represent that all	the above in	formation is true ar	ad understand the	at making falso s	tatamanta	s might he cons	idorod fraud. By r	royiding the abo	(a information, 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	Angel Adiele	Date	12/12/2018
-------------	--------------	--------------	------	------------