Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809

DBA Name		N/A			egal Name	Icon luxury Tra	avel		
Type of Business		Black car ser		T	ax ID	473548611		Cor	rр
Full Business Addre	:SS	1324 Forest A	ive						_
Full Billing Address									_
Phone at Location (718) 280-5128			E	Best Phone (718				_	
Business Email		Reservation@	giconlt.com		Website	www.iconluxurytravel.com		<u>n</u>	_
Years In Business	<u>2</u> Ave		Average Ti	cket		Gross Annual Sales 140,000.00		0,000.00	_
Do you currently h	ave cash	advance?	No	With who? _			Balanc	ce	_
Current Credit Card Processor Average Processing						Processing Volu	me _		_
Last Month Vol.	-	#of	Tickets		2nd Month Vol.		#of Tic	kets	_
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tic	kets	_
Owner #1 Name	Rahsaan	lones		Title	President				$\overline{}$
Date of Birth	0724197	•		- SSN		123			—
Full Home Address		Ave apt. 3B		-					—
Home Phone	(718) 280	-	Cell Phone	(718) 600-7	789 Email	rahsaan	@iconlt.com		_
Own/Rent	\$ 0 Owr		Years There 3	D	rivers Lience # 2	-	State	New york	-
			_		_				
Owner #2 Name				Title					
Date of Birth				- SSN					_
Full Home Address				_					_
Home Phone		(Cell Phone		Email				
Own/Rent	\$ Own		Years There	D	rivers Lience #		State		
Business Home Bas	sed?	No Loca	tion: Lease/Owr	n Leased	Lease Teri	m	Monthly	/ Rent	
Landlord / Mortgag	 e Co.				 Conta	act			_
Contact Phone	_		Ce	·II		Email			
Bank Name/Branch	Capital	One	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	oformation is true as	nd understand that n	naking false sta	tomonts might be con	sidered fraud. By pro	viding the abov	ve information, the applicant	=

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	Rahsaan Jones	Date	06/05/2017