

DBA Name		O'CONNOR AL	ITOMOTIVE, IN	NC. L	egal Name	O'CONNOR AU	TOMOTIVE	, INC.	
Type of Business		used car dealer			ax ID	050532606			Corp
Full Business Addre	:SS	5211 JAMES L F	REDMAN PKW	Υ					·
Full Billing Address		-							
Phone at Location (813) 650			35		Best Phone (813) 610-7624	Fax	(813)	650-0545
Business Email		bill@oconnora	uto.net		Website	www.oconnora	uto.net		
Years In Business		15	Average 1	 Γicket		Gross Annual S	ales <u>1,</u>	307,098	.00
Do you currently h	ave cash a	advance?	No	With who?			Baland	ce	
Current Credit Card	d Processo	r			_ Average	Processing Volu	me .		
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tic	kets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	BILL O'CO	NNOD		Title	DDEC/C/T				
Date of Birth	09-17-194			_		122			
Full Home Address		OWAYRD, PLANT	CITY EL 22567	SSN	263-94-89	,,,,			
Home Phone	(813) 650	-	ell Phone	(813) 610-7	7624 Email	hill@aca	nnorauto.ne	.+	
									
Own/Rent	\$ 0 Rent	<u> </u>	ears There	<u>4 </u>	Privers Lience # C	7249933493370	_State	FL	
Owner #2 Name				Title	<u>!</u>				
Date of Birth				— SSN					
Full Home Address				<u>—</u>					
Home Phone		Ce	ell Phone		Email				
Own/Rent	\$	Ye	ears There		Privers Lience #		State		
Business Home Bas	sed?	No Locat	on: Lease/Ow	vn Leased	Lease Teri	m	Monthly	y Rent	1,712.00
Landlord / Mortgage	e Co. S				 Conta	act			
Contact Phone	_		c	Cell		Email			
Bank Name/Branch			Contac	t		Phone			
Trade Reference#1			 Contac			— Phone			
Trade Reference#2			—— Contac			— – Phone			
Trade Reference#3			Contac			Phone			
I hereby represent that all	the above inf	ormation is true and	d understand that	making false sta	atements might be con	sidered fraud. By prov	riding the abov	ve informat	zion, 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 Nam	e BILL O'CONNOR	Date	12/27/2016
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