

DBA Name		JB Auto Repair		Legal	Name	JBRL Auto Repa	ir Corp	
Type of Business		Auto Repair		Tax ID		76-0785330		Corp
Full Business Addre	ess	7615 Rickenback	ker Dr STE K. Ga					ос. р
Full Billing Address	-		10. 2. 3.2 1., 3.	u				
Phone at Location		(301) 216-2622		Best	Phone (240)	832-5373	Fax	
Business Email		jbauto@verizon.net				www.JBautorepair.com		
Years In Business		14 Average		Ticket		Gross Annual Sa		
Do you currently h	ave cash a	dvance?	Yes W	ith who? Gree	n Capital		Balance < \$2,000	
Current Credit Card Processor					Average	Processing Volum	ne	
Last Month Vol.		#of Tio	ckets	 2nd	d Month Vol.		#of Tickets	
3rd Month Vol.		#of Tid	ckets	4th	n Month Vol.		#of Tickets	
L								
Owner #1 Name	Jose Benit	ez		Title	Owner			
Date of Birth	02/05/67			SSN	136-62-40	11		
Full Home Address	5313 Muncaster Mill Rd, Derwood, MD 20855							
Home Phone	(240) 832	-5373 Cell	Phone (	(240) 832-5373	Email	JBauto@v	erizon.net	
Own/Rent	\$ <u>0 Own</u>	Yea	ars There 16	Driver	rs Lience # B	532-440-376-096	State MD	
O 4/2 No				<b>T</b> 'H -				
Owner #2 Name				Title				
Date of Birth				SSN	-			
Full Home Address Home Phone		Call	Phone		Email			
			ars There	Duites			Chaha	
Own/Rent	\$		ars mere	Driver	s Lience #		State	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co				Conta	ct _		
Contact Phone			Cell			Email	-	
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact	_		Phone		
Trade Reference#2	-		 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above inf	ormation is true and	understand that mal	king false stateme	nts might be cons	sidered fraud. By provid	ding the above 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	Jose Benitez	Date	01/16/2020
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