MoneyWorks > Direct ADMINISTRAT	TIVE FORM PLEASE FAX TO:1.646.417.5809
---------------------------------	----------------------------------------

DBA Name		Marathon Turne	v	I e	gal Name	HFM Group	IIC	
Type of Business gas station							Corp	
Full Business Addre		5571 Turney Roa	ıd	1u	X ID	47-2664181		Согр
Full Billing Address	:55	3371 Turney Not	lu .					
Phone at Location		(216) 395-2060		R	est Phone (440)) 364-4446	Fax	
Business Email					Website	7 304 4440		
Years In Business		hfmgroupllc@gmail.com 3 Average Ticket				Gross Annua	I Sales 1,680,000	0.00
Do you currently h			No W	ith who? _				
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.		#of Tic	kets		2nd Month Vol.	-	_ #of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Mahmoud	d Hussein		Title	Sole Owne	er		
Date of Birth	17-03-198	80		SSN	282-06-13	64		
Full Home Address	18501 Fa	irville Ave						
Home Phone	(440) 364	1-4446 Cell	Phone -	(440) 364-44	446 Email	hfmg	roupllc@gmail.com	
Own/Rent	\$ <u>0 Own</u>	Yea	rs There 3	Dr	rivers Lience # SI	K716913	State Ohio	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone –		Email			
Own/Rent	\$	Yea	rs There	Dr	ivers Lience #		State	
Business Home Bas	sed?	No Location	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co. G	illota, INC			 Conta		Nicholas	
Contact Phone	(3	330) 569-2158	Cell			Ema	il	
Bank Name/Branch	Citizens	Bank- Lorain Rd	Contact			Phone	(216) 941-7111	
Trade Reference#1	-		– Contact			Phone	(440) 638-9225	
Trade Reference#2			Contact			Phone	- ,	
Trade Reference#3			– Contact			– Phone		
I haraby represent that all	the above in	formation is true and u	nderstand that ma	king falso state	amants might be son	cidored fraud. By r	aroviding the above informa	ation 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	Mahmoud Hussein	Date	09/28/2017
-------------	--------------	-----------------	------	------------