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DBA Name		Robert Blackman Publishing Ad Agency, Printing				Legal Name		Profit Leads				
Type of Business				ng		Γax ID		445	5722187			Sole Prop
Full Business Addre	!SS	1008 Ben	ITDrook									
Full Billing Address		(405) 03								_		
Phone at Location		(405) 833-6899 profitleads@msn.com				Best Phone				Fax		
Business Email						V	Vebsite	_				
Years In Business		19		Average T	_				ss Annual Sal		150,000.00	
Do you currently h	ave cash	advance?		No	With who?					Bala	ance	
Current Credit Card Processor						_	Average	Proce	essing Volume	9		
Last Month Vol.			#of Ticke	ets		2nd	Month Vol.			#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th	Month Vol.			#of 7	Γickets	
Owner #1 Name	Robert B	lackman			Titl	Δ	Owner					
Date of Birth	0212196						445-72-21	187				
Full Home Address	703 Nort				_	•						
Home Phone	(405) 833		Cell Ph	none	(405) 833-	6899	Email		mlmmaste	rmind@	msn.com	
Own/Rent	\$ 0 Owr		— Years				_	08090		State	ok	
			<u> </u>	_								
Owner #2 Name					Titl	e						
Date of Birth					 122	N						
Full Home Address					_							
Home Phone			Cell Ph	none			Email					
Own/Rent	\$		Years	There _		Drivers	Lience #			State		
Business Home Bas	sed?	No I	Location:	Lease/Ow	n Owned	d	Lease Terr	m		Mont	hly Rent	
Landlord / Mortgage	e Co						Conta	act				
Contact Phone				С	ell _			_	Email			
Bank Name/Branch				Contac	t				Phone			
Trade Reference#1				Contac	t				Phone			
Trade Reference#2				Contac	 t				Phone —			
Trade Reference#3				Contac	t				Phone			
I hereby represent that all	the above in	nformation is t	rue and und	lerstand that	making false st	atemen	ts might be con-	 sidered	I fraud. By providi	ng the a	bove informati	ion, 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	Robert Blackman	Date	07/30/2019