MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		PANKONIN INSURANCE AGENCY		Legal	Name	PANKONIN INSURANCE AG		GENCY	
Type of Business		Insurance Agency		_ Tax ID		141747864		Corp	
Full Business Addre	SS	200 North M	lain Street		_				
Full Billing Address									
Phone at Location		(845) 292-8570			Best Phone (845)) 216-2464	Fax	(845) 292-4495
Business Email	Business Email		ed@pankonininsurance.com			Website	PANKONIN INSURANCE AGENCY		
Years In Business		28 Average Ticket					Gross Annual	Annual Sales <u>125,000.00</u>	
Do you currently ha	ave cash	advance?	No	With who	o?			Balan	ce
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#	of Tickets		2n	d Month Vol.		#of Ti	ckets
3rd Month Vol.		#	of Tickets		_ 4th	n Month Vol.		#of Ti	ckets
Owner #1 Name	Fdward F	PANKONIN		-	Title	president			
Date of Birth	04/24/19				SSN	075-28-33	340		
Full Home Address		llebury Loop							
Home Phone	(845) 216	6-2464	Cell Phone	(845) 2	16-2464	Email	edward	Ippank@yaho	oo.com
Own/Rent	\$ 0 Ren	t	Years There	10	Drive	 rs Lience # <u>_P</u>	525235391440	State	Florida
Owner #2 Name					Title				
Date of Birth				<u> </u>	SSN				_
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Drive	s Lience #		State	
Business Home Bas	ed?	No Lo	cation: Lease/	Own <u>Lea</u>	sed	Lease Ter	m	Month	ly Rent
Landlord / Mortgage	e Co. <u>C</u>	Oceans Prope	erties			Conta	act	Oceans Pro	pperties
Contact Phone	<u>(</u>	386) 428-097	75	Cell	-		Email		
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			 Cont	act ——			— Phone		
Trade Reference#2			 Cont	act			— Phone		
Trade Reference#3			Cont	act			Phone		

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	Edward PANKONIN	Date	02/08/2018