## Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Dominic

Type of Business	DBA Name		ABELLADA'S TRANSPORT SERVICES, LLC			Legal Name		ABELLADA	ABELLADA'S TRANSPORT SERVICES, LLC		
Proper at Location	Type of Business		Transportation business			Tax ID 4		47-204875	9	LLC	
Phone at Location	Full Business Address 91-205 MAKAHAIWAA PLACE, KAPOLEI HI 96707										
Business Email	Full Billing Address	_									
Years In Business         2         Average Ticket         Gross Annual Sales         480,000.00           Do you currently have cash advance?         No         With who?         Balance           Current Credit Card Processor         Average Processing Volume           Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         1th Month Vol.         #of Tickets           4rd Month Vol.         #of Tickets	Phone at Location (808) 429-2222				Best Phone (808)			) 429-2222	Fax		
Do you currently have cash advance?   No   With who?   Balance	Business Email	<u>a</u>	mabellada@gm	nail.com		Website					
Average Processing Volume	Years In Business	2	2 Average Tic		ket			Gross Annual Sales 480,000.00			
Last Month Vol.         # of Tickets         2 nd Month Vol.         # of Tickets           3rd Month Vol.         # of Tickets         4th Month Vol.         # of Tickets           Owner #1 Name         ANGELO ABELLADA         Title         OWNER           Date of Birth         01/02/1968         SSN         602-40-8832           Full Home Address         91-205 MAKAHAIWAA PLACE, KAPOLEI HI 96707         From Phone         (808) 429-2222         Email         amabellada@gmail.com           Own/Rent         \$ 0 Own         Years There         80842922222         Drivers Lience # H00777174         State         HAWAII           Own/Rent         \$ 0 Own         Years There         SSN         SSN         State         HAWAII           Own/Rent         \$ Years There         Drivers Lience # Email         State         State         State           Business Home Based?         Yes         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Cell Phone         Contact         Email         Monthly Rent           Bank Name/Branch         FIRST HAWAIIAN BANK         Contact         MANAGER         Phone         (888) 844-4444           Trade Reference#2         LOGISTICARE         Contact         PATRI	Do you currently ha	ve cash adv	/ance?	No W	ith who?				Balar	nce	
State	Current Credit Card Processor Average Processing Volume										
Owner #1 Name         ANGELO ABELLADA         Title         OWNER           Date of Birth         01/02/1968         \$SSN         602-40-8832           Full Home Address         91-205 MAKAHAIWAA PLACE, KAPOLEI HI 96707           Home Phone         (808) 429-2222         Cell Phone         (808) 429-2222         Email         amabellada@gmail.com           Own/Rent         \$ 0 Own         Years There         8084292222 Drivers Lience #         H00777174         State         HAWAII           Owner #2 Name         Title           Date of Birth         SSN           Full Home Address           Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         Yes         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Contact           Contact Phone         Cell         Email           Bank Name/Branch         FIRST HAWAIIAN BANK         Contact         MANAGER         Phone         (808) 371-7738	Last Month Vol.		#of Tick	ets		2nd M	lonth Vol.		#of Ti	ckets	
Date of Birth   O1/02/1968   SSN   602-40-8832	3rd Month Vol.	#of Tick		ets	4th Moi		onth Vol.	#of Tickets		ckets	
Full Home Address   91-205 MAKAHAIWAA PLACE, KAPOLEI HI 96707	Owner #1 Name	ANGELO ABE	ELLADA		Titl	e	OWNER				
Home Phone	Date of Birth	-			<del></del>		602-40-88	32			
Own/Rent         \$ 0 Own         Years There         8084292222 Drivers Lience # H00777174         State         HAWAII           Owner #2 Name         Title           Date of Birth         SSN           Full Home Address           Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         Yes         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage         Contact Phone         Cell         Email           Bank Name/Branch         FIRST HAWAIIAN BANK         Contact         MANAGER         Phone         (888) 844-4444           Trade Reference#1         INTELLIRIDE         Contact         SASAE GODFREY         Phone         (808) 371-7738           Trade Reference#2         LOGISTICARE         Contact         PATRICIA DELOS REYES         Phone         (808) 721-9698	Full Home Address										
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Business Home Based? Yes Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Phone Cell Bank Name/Branch FIRST HAWAIIAN BANK Contact MANAGER Phone (888) 844-4444 Trade Reference#1 INTELLIRIDE Contact PATRICIA DELOS REYES Phone (808) 721-9698	Home Phone	(808) 429-22	222 Cell Pl	hone	(808) 429-	2222	Email	ama	bellada@gmail	.com	
Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience #  Business Home Based? Yes Location: Lease/Own Owned Lease Term Landlord / Mortgage Co. Contact Phone Cell Bank Name/Branch FIRST HAWAIIAN BANK Contact Contact Phone FIRST HAWAIIAN BANK Contact SASAE GODFREY Phone (808) 371-7738 Trade Reference#2 LOGISTICARE Cell Contact PATRICIA DELOS REYES Phone (808) 721-9698	Own/Rent	\$ 0 Own Years		There 808	ere <u>8084292222</u> D		 vers Lience #		State	HAWAII	
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Landlord / Mortgage Co.  Contact Phone  Cell  Email  Bank Name/Branch FIRST HAWAIIAN BANK Contact MANAGER Phone (888) 844-4444  Trade Reference#1 INTELLIRIDE Contact SASAE GODFREY Phone (808) 371-7738  Trade Reference#2 LOGISTICARE Contact PATRICIA DELOS REYES Phone (808) 721-9698		·									
Contact Phone  Cell  Email  Bank Name/Branch FIRST HAWAIIAN BANK Contact MANAGER Phone (888) 844-4444  Trade Reference#1 INTELLIRIDE Contact SASAE GODFREY Phone (808) 371-7738  Trade Reference#2 LOGISTICARE Contact PATRICIA DELOS REYES Phone (808) 721-9698	Business Home Bas	ed? Ye	Location:	Lease/Own	Owned	<u>d</u>	Lease Terr	m	Month	lly Rent	
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Trade Reference#2 LOGISTICARE Contact PATRICIA DELOS REYES Phone (808) 721-9698	Bank Name/Branch	FIRST HAV	VAIIAN BANK	Contact	MANAC	SER		Phone	(888) 844	-4444	
	Trade Reference#1	1 INTELLIRIDE		Contact	SASAE GODFREY		Phone	(808) 371	-7738		
Trade Reference#3 THE CAB Contact FLERITA FLORES Phone (808) 673-6863	Trade Reference#2	2 LOGISTICARE		Contact	PATRICIA DELOS REYES		— Phone	(808) 721	-9698		
	Trade Reference#3	THE CAB Contact		Contact	FLERITA FLORES			Phone	(808) 673	3-6863	

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 ANGELO ABELLADA	DA Date 02/15/2017
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