Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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		DD 144 16					DD 11/161		
DBA Name						gal Name	BB Wolf Inc		
Type of Business					Ta:	Tax ID			Corp
Full Business Addre	SS	13769 M	ain St						
Full Billing Address									
Phone at Location	(708) 215-0506				Best Phone (708) 215-0506			Fax	
Business Email		milos@	obwolfinc.c	om		Website			
Years In Business		6	A	verage Tick	cet		Gross Annual	Sales 13,000,00	00.00
Do you currently ha	ave cash a	advance?	N	lo W	ith who?			Balance	
Current Credit Card	l Processo	or	_			Average l	Processing Vo	lume	
Last Month Vol.			#of Ticket	.s		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket	s		4th Month Vol.		#of Tickets	
Owner #1 Name	milos zug	ic			Title	President			
Date of Birth	10181983				SSN	577-47-562	27		
Full Home Address	6131 Kno								
Home Phone	(708) 215		Cell Pho	ne	(708) 215-05	i06 Email	miloso	@bbwolfinc.com	
Own/Rent	\$ 0 Rent	:	 Years T	_		ivers Lience # Z			
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pho	ne _		Email			
Own/Rent	\$		Years T	here	Dri	ivers Lience #		State	
Business Home Bas	ed?	No	Location: L	ease/Own	Leased	Lease Term	າ	Monthly Rent	
Landlord / Mortgage	e Co. <u>U</u>	s cargo				Contac	ct	7085262140	
Contact Phone	_			Cell			_ Emai	I	
Bank Name/Branch	Chase			Contact	Christine	Schweighardt	Phone	(630) 243-2351	
Trade Reference#1				Contact			– Phone		
Trade Reference#2				Contact			– Phone		
Trade Reference#3				Contact			– 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	milos zugic	Date	03/15/2019