Mone	/Works >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Patrick

DBA Name	DB Auto LLC		Le	gal Name	New Speed Auto			
Type of Business	Auto Repair		Ta	x ID	308668417		Sole Prop	
Full Business Addre	ess	2933 Ple	easant hill Rd. #E					
Full Billing Address								
Phone at Location	hone at Location (770) 497-9154		E	Best Phone	Fax			
Business Email		newspeedauto1@gmail.COM		1	Website			
Years In Business		8	Average Ti	icket		Gross Annual Sa	les <u>500,000.0</u>)0
Do you currently ha	ave cash	advance?	Yes	With who? co	ds		Balance 5000	1
Current Credit Card Processor Average Processing Volume						e		
Last Month Vol.			#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Daegeur	n Youn		Title	member			
Date of Birth	08/21/19	970		- SSN	093-13-509	99		
Full Home Address	2497 IN	GRAM RD.		_	-			
Home Phone	(770) 49	7-9154	Cell Phone		Email	NEWSPEE	DAUTO1@GMAIL.CO	DM MC
Own/Rent	\$ <u>0 Ow</u>	ın	Years There	Dr	ivers Lience #		State Georg	gia
Owner #2 Name				_ Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Dr	ivers Lience #		State	
Business Home Bas	sed?	No	Location: Lease/Ow	n Leased	Lease Tern	n	Monthly Rent	4,200.00
Landlord / Mortgage	e Co.	WF LLC	-		 Conta	ct 47	— 705359979	
Contact Phone	_		Ce			— Email		
Bank Name/Branch			Contact	<u> </u>		Phone		
Trade Reference#1			Contact	<u> </u>		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)								

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	Daegeun Youn	Date	01/09/2019