MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646,417,5809
woney vorks >	Sales Rep: Frank

DBA Name		Revolution	Design		egal Name	Revolution De	sian	
Type of Business		Largeform			ax ID	364964104	- 3	Sole Prop
Full Business Addre	SS	3950 Mead			un. 12			33.3 sp
Full Billing Address								
Phone at Location		(269) 605-	4483		Best Phone (2	69) 208-2091	Fax	
Business Email		<u>`</u>			Website	<u>, </u>		
Years In Business		9	Average ⁻	Ticket		Gross Annual S	Sales 485,000.0	0
Do you currently h	ave cash a	advance?	 No	With who?			Balance	
Current Credit Card	d Processo	or			Avera	ge Processing Volu	me	
Last Month Vol.		#	of Tickets		2nd Month Vo	l	#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vo	l	#of Tickets	
Owner #1 Name	Robert Pi			Title				
Date of Birth	07051980			SSN	369-96	4104		
Full Home Address		idow Lane	0 0	(200) 200	2001 - "			9
Home Phone	(269) 208		Cell Phone	(269) 208-2		-	evolutiondesign@gma	II.com
Own/Rent	\$ <u>0 Own</u>		Years There	<u> </u>	Orivers Lience #	P560745379534	StateMI	
Owner #2 Name				Title	2			
Date of Birth				— SSN				
Full Home Address				_				
Home Phone	-		Cell Phone		Email			
Own/Rent	\$		- Years There		Drivers Lience #		State	
Business Home Bas	ed?	Yes Lo	cation: Lease/Ov	vn Owned	l Lease T	erm	Monthly Rent	
Landlord / Mortgage		cwen	·			ntact		
Contact Phone			C	Cell		Email		
Bank Name/Branch			Contac			Phone -		
Trade Reference#1	-		Contac			Phone -		
Trade Reference#2			Contac			Phone		
Trade Reference#3			Contac	t		Phone .		
I hereby represent that all	the above in	formation is true	e and understand that	making false sta	atements might be	considered fraud. By pro	viding the above information	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 Printe	d Name Robert Pir	ner Date	01/11/2017
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