

DBA Name		ER-MA EXPRESS LLC			Legal Name E		ER-MA EXPRE	SS LLC			
Type of Business		Transportation			Tax ID		47-1608629			LLC	
Full Business Address		1070 Joyner	Street								
Full Billing Address											
Phone at Location		(901) 208-5036			Best Phone (901) 20			) 208-5036	Fax	<u>(757)</u> 233-2202	2
Business Email		ermaexpress@yahoo.com			Website						
Years In Business		5	_ Aver	age Tic	ket			Gross Annual	Sales <u>8</u>	00,000.00	
Do you currently h	advance?	No	١	With who? _				Balar	nce		
Current Credit Card			_	Average	Processing Volu	ıme					
Last Month Vol.		#o	of Tickets			2nd	Month Vol.		#of Ti	ckets	
3rd Month Vol.		#o	of Tickets			4th	Month Vol.		#of Ti	ckets	
Owner #1 Name	PETER NJO	OROGE			Title	ı	MR.				
Date of Birth	01/21/198				. SSN		131-17-43	310			
Full Home Address	1070 JOYI	NER ST			-						
Home Phone	(901) 208	901) 208-5036 Cell Phone			(901) 229-3	3021	Email	ermaex	press@yaho	oo.com	
Own/Rent	\$ <u>0 Own</u>	<del></del>							_		
Owner #2 Name					Title -	!					
Date of Birth					SSN -						
Full Home Address Home Phone		Cell Phone				Email					
Own/Rent						Drivers Lience #			State		
Own/Kent	\$		Years Ther	e <u> </u>		rivers	Lience # _				
Business Home Bas	sed?	Yes Loc	ation: Leas	se/Own	Owned		_Lease Teri	m	Month	ly Rent	
Landlord / Mortgage Co.							Conta	act			
Contact Phone	_			Cel	II			Email			
Bank Name/Branch	NAVY FI UNION	EDERAL CREI	OIT (	Contact	custo	)MER	SERVICE	Phone	(188) 88	4-2632	
Trade Reference#1	NOLAN TRANSPORTATION			Contact	Cameron		—— Phone	(616) 22	6-2016		
Trade Reference#2	Fedex Custom Critical			Contact	John Suich			Phone	(186) 65	5-1403	
Trade Reference#3	Landsta	Landstar America C			carrier Relations			Phone	(803) 71	2-4840	
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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	PETER NJOROGE	Date	03/12/2019
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