MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl

DBA Name		IMAGE A	UTOMOT	IVE	L	egal Name		IMAGE AUTO	MOTIVE		
Type of Business						-		475634413			LLC
Full Business Addre	SS	1616 Sur		ue							
Full Billing Address											
Phone at Location	(252) 443-3223				Best Phone	443-3223	Fax	(252)	443-2523		
Business Email		amoore@imageautomotive.com						WWW.IMAGEAUTOMOTIVE.COM			
Years In Business		1.5		Average Ticl	ket			Gross Annual	Sales	3,000,000	.00
Do you currently ha	ave cash	advance?		Yes W	 ith who?	SWIFT CAPIT	— TAL		Bala	ance 3465	
Current Credit Card	l Process	or			-	Ave	erage l	Processing Vo	– lume		
Last Month Vol.			#of Tick	ets		– 2nd Month	ı Vol.		#of	Tickets	
3rd Month Vol.			#of Tick	ets		4th Month	Vol.		– #of	Tickets	
					-				_		
Owner #1 Name	Arvelle M	loore Jr			Title	e Pres	sident				
Date of Birth	12-13-19	980			SSN	237	-57-685	58			
Full Home Address	116 Keto	h Point Ct									
Home Phone	(252) 44	3-3223	Cell P	hone		Ema	ail	arvelle	e.moore@gi	mail.com	
Own/Rent	\$ <u>0 Rer</u>	nt	Years	There 3		Drivers Lience	# 25	015249	State	NC	
Owner #2 Name					Title						
Date of Birth					SSN	l					
Full Home Address											
Home Phone			Cell P	hone -		Ema	ail				
Own/Rent	\$		Years	There		Orivers Lience	# _		State	-	
Business Home Bas	ed?	No	Location	Lease/Own	Leased	l Leas	e Tern	n 0	Mont	thly Rent	1,200.00
Landlord / Mortgage	e Co <u>S</u>	STALLINGS	OIL CO			_	Conta	ct	BOYD TO	LMAN	
Contact Phone	<u>(</u>	252) 985-8	3075	Cell	_			Emai	ı _		
Bank Name/Branch	BB&T			Contact	HELEN	COLLINS		Phone	(252) 44	13-0007	
Trade Reference#1	SWIFT	CAPITAL		- Contact				– Phone	-		
Trade Reference#2				- Contact				– Phone			
Trade Reference#3				- Contact				– Phone			
I hereby represent that all	the above in	nformation is	true and un	derstand that ma	king false sta	atements might	be cons	idered fraud. By p	roviding the a	above informa	tion, 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	Arvelle Moore	Date	04/12/2017
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