MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	(Genesis		Le	egal Name	Genesis Outro	each, Inc.	
Type of Business	1	Non-Profit Housing			ax ID	351804389		Corp
Full Business Addre	ss <u>2</u> 6	605 Gay Street	Fort Wayne	, IN 46803				
Full Billing Address	_							
Phone at Location	<u>(</u>	(260) 744-2800			Best Phone		Fax	(260) 744-2811
Business Email	<u> </u>	albert@genesis	outreach.org)	Website	genesisoutre	ach.org	
Years In Business	3	1	Average T	icket		Gross Annual	Sales <u>7</u>	50,000.00
Do you currently ha	ave cash ad	lvance?	No	With who? _			Balan	ce
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tic	kets		2nd Month Vo	ol	#of Tie	ckets
3rd Month Vol.		#of Tid	kets		4th Month Vo	l	#of Tio	ckets
Owner #1 Name	Albert Brow	rnlee		Title	CEO			
Date of Birth	08-21-1974			— SSN	303-98-	-1343		
Full Home Address	5620 Kenyo	on Trail, Noblesvil	le, IN 46062	_				
Home Phone	(260) 387-8	3702 Cell	Phone	(260) 387-8	3702 Email	albert@	genesisoutr	each.org
Own/Rent	\$ 0 Own	Yea	rs There 2	20	rivers Lience #	0500192810	State	INDIANA
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Phone		Email			
Own/Rent	\$	Yea	rs There _		rivers Lience #		State	
Business Home Bas	ed? N	No Locatio	n: Lease/Ow	n Owned	Lease Te	erm	Month	ly Rent
Landlord / Mortgage	e Co. <u>N/A</u>	- Purchase Co	mpleted		Cor	ntact		
Contact Phone			C	ell _		Email		
Bank Name/Branch	PNC Bank	(Conta	ct Connie	Denton	Phone	(260) 44	1-8743
Trade Reference#1	Hupe Insu	urance	 Conta	ct Roger	Нире	Phone	(260) 48	6-7488
Trade Reference#2	Legacy O	ne Realty, LLC	 Conta	ct Linda (Golden	Phone	(260) 49	4-0368
Trade Reference#3	Anderson Heating&		Conta	ct Ralph .	Anderson	Phone	(260) 55	7-0958

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	Albert Brownlee	Date	02/04/2019