

DBA Name		New Lyfe	e Transp	ortation		Leg	al Name	Johnson Glob	al Corporation	on		
Type of Business		Non-Emergency Transportation Company			ion	Tax ID		47-1550645				Corp
Full Business Addre	SS	14808 Dr	exel Ave	nue, Dolton	, IL 60419							
Full Billing Address												
Phone at Location		(708) 88	0-0161			Ве	st Phone (708)	646-9254	Fax	(888)	506-8711	1
Business Email		newlyfetrans@gmail.com			Website		Website					
Years In Business		2014		Average Ticket				Gross Annual Sales 150,0			00.00	
Do you currently ha	advance?		No	With who?	_			Balan	ce			
Current Credit Card	or				_	Average P	rocessing Vol	ume				
Last Month Vol.			#of Tick	cets		2	2nd Month Vol.		#of Tic	kets		
3rd Month Vol.			#of Tick	cets		4	4th Month Vol.		#of Tic	kets		
Owner #1 Name	Tameem	ah Mosby-Jo	hnson		Tit	:le	Chief Execu	tive Officer				
Date of Birth	01/09/1974				_ SS	SSN 355-74-3048						
Full Home Address	3604 W. 174th Place, Country Club Hills, IL 60478											
Home Phone	(708) 64	6-9254	Cell F	hone	(708) 646	-925	54 Email	tammy	.johnson@ne	wlyfetrans	s.com	
Own/Rent	\$ 0 Owi	n	— Year:	s There 1	0	Driv	 vers Lience # M2	 12-8127-4609	State	Illinois	;	
			•	_		-	_			'		
Owner #2 Name					Tit	le						
Date of Birth					 SS	N						
Full Home Address												
Home Phone			Cell F	hone			Email					
Own/Rent	\$		. Year	s There _		Dri\	vers Lience #		State			
Business Home Bas	ed?	No	Location	: Lease/Owi	n <u>Leas</u> e	d	Lease Term	5 years	Monthl	y Rent	700.00	
Landlord / Mortgage	e Co. <u>J</u>	ohn Coope	r				Contac	t	773-269-97	728		
Contact Phone	_			_ Ce	ell			_ Email	jmco	ooper121	L0@gmai	l.com
Bank Name/Branch	Bank o	f America		Contact	<u> </u>			Phone	(708) 798-	4083		
Trade Reference#1				_ Contact	:			Phone				
Trade Reference#2				– Contact	<del></del>			Phone				
Trade Reference#3				– Contact –				- Phone -				
I hereby represent that all tauthorize you to whom this will provide financial state authorize Money Works Dii authorize you to update my	s applicatio ments, tax rect, Inc. to	n is made or y returns, etc. receive perti	your agent as you dee net inform	s to investigate em necessary. A ation regarding	e my/our finar A photocopy I the commer	ncial of thi cial I	responsibility and cre is authorization will b ease for the above re	edit worthiness, sp le deemed as acco eferenced location	ecifically princi eptable for rele from my leasir	pal and cor ase of cred ng company	porate enti lit informati and or ago	ties, and ion. I/We ent. I/we

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	Tammy Johnson	Date	01/19/2017