MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Sean
	Sales Rep. Seati

DBA Name	Don h johnson			gal Name	Don h johnson inc			
Type of Business		urance			ix ID	331170153		Corp
Full Business Addre	ess <u>1559</u>	university bl	/d w jacksonv	ille fl 3221	L7			
Full Billing Address								
Phone at Location	(90	(904) 536-4461		B	Best Phone		Fax	(904) 201-4121
Business Email	Doi	njohnson@alls	tate.com		Website			
Years In Business	11		Average Tick	et		Gross Annual	Sales 2	250,000.00
Do you currently ha	ave cash adva	nce?	No Wi	th who? _			Balar	nce
Current Credit Card	d Processor				Average	Processing Vol	ume	
Last Month Vol.		#of Ticke	ets		2nd Month Vol.		#of Ti	ckets
3rd Month Vol.		#of Ticke	ets		4th Month Vol.		#of Ti	ckets
Owner #1 Name	Don Johnson			Title	Pres			
Date of Birth	04141973			SSN	408-55-294	42		
Full Home Address	12522 turnberi	y dr jacksonville	e fl 32225					
Home Phone	(904) 536-4463				Email	donjoh	nson@allstat	te.com
Own/Rent	\$ 0 Own	Years	There 5	Dr	rivers Lience # J5	 25188731340	State	FI
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell Ph	none		Email			
Own/Rent	\$	Years	There	Dr	rivers Lience #		State	
Business Home Bas	sed? No	Location:	Lease/Own	Leased	Lease Tern	n	Month	ly Rent
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone			Cell			Email		
Bank Name/Branch	Bbva compa	ss bank	Contact	Chris		Phone	(904) 564	-8202
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			– Phone		
Trade Reference#3			Contact			– Phone		
I hereby represent that all	the above informat	ion is true and unc	lerstand that mak	ing false stat	ements might be cons	idered fraud. By pr	oviding the ab	ove information, 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	Don Johnson	Date	01/03/2018
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