MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
	Suics Rep. Julium

DBA Name	White Mattress Company			Le	gal Name	White Matt	White Mattress Company LLC			
Type of Business Retail			 Ta	x ID	85-028559	18	LLC			
Full Business Addre	ss (604 E Second S	St. Roswell Nm	88201						
Full Billing Address	_									
Phone at Location		(575) 624-100	00	В	est Phone (57	75) 624-1000	Fax	(575) 623-2000		
Business Email		dareldevenport@gmail.com			Website					
Years In Business	<u>.</u>	36	Average Ti	cket		Gross Annu	al Sales <u>6</u>	50,000.00		
Do you currently ha	ave cash a	dvance?	Yes	With who? S	ВООА		Balan	ice 30000		
Current Credit Card	l Processo	r			Averag	ge Processing \	/olume			
Last Month Vol.		#of 1	ickets		2nd Month Vo	ol	#of Ti	ckets		
3rd Month Vol.		#of T	ickets		4th Month Vo	l	#of Ti	ckets		
Owner #1 Name	Darel Dev	ennort		Title	Owner					
Date of Birth	09-16-194	•		- SSN	585-14-	<u>.</u>				
Full Home Address		ond St. Roswell N	Im 88201	-						
Home Phone	(575) 624-		ell Phone	(575) 420-18	360 Email	dare	eldevenport@gn	nail.com		
Own/Rent	\$ 0 Own	Y	ears There 36		ivers Lience #	000637491	State	New Mexico		
Owner #2 Name				Title						
Date of Birth				SSN						
Full Home Address										
Home Phone		Ce	ell Phone		Email					
Own/Rent	\$	Y	ears There	Dr	ivers Lience #		State			
Business Home Bas	ed?	No Locat	ion: Lease/Owr	Owned	Lease Te	erm	Month	ly Rent		
Landlord / Mortgage	e Co				Cor	ntact				
Contact Phone			Ce	II		Em	ail			
Bank Name/Branch			Contact			Phone				
Trade Reference#1	Donco T	rading	 Contact			Phone	(800) 934	-3881		
Trade Reference#2	Holland	Supply	 Contact			Phone	(800) 397	-7900		
Trade Reference#3	Farm Bu	reau Ins	Contact			Phone	(575) 622	-1141		

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	Darel Devenport	Date	12/09/2016