MoneyWorks >>	Sales Rep: Jonathan

DBA Name		Samarit	an Inn		Le	egal I	Name	Samaritan	Inn		
Type of Business		Housing	9		T	ax ID		46281305			Corp
Full Business Addre	SS	525 salis	bury stre	et							
Full Billing Address											
Phone at Location		(704) 695-2453			Best Phone			Fax			
Business Email		samaritaninn@accountant.co		m Website							
Years In Business	-	12		Average Tic	ket			Gross Annu	ial Sales	12,000.00	
Do you currently ha	ave cash a	dvance?		No V	With who? _				Bala	nce	
Current Credit Card	d Processo	r				_	Average	Processing \	olume/		
Last Month Vol.			#of Tick	ets		2nd	Month Vol.		#of T	ickets	
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of T	ickets	
Owner #1 Name	Michael Ch	nambers			Title	<u> </u>	Owner				
Date of Birth	05/18/196	0			SSN		243-08-860	00			
Full Home Address	1098 brow	n creek c	hurch road								
Home Phone	(704) 695-	-2453	Cell P	hone			Email	sam	aritaninn@acc	ountant.com	
Own/Rent	\$ 0 Own		Years	There 15	D	rivers	 S Lience #28	337191	State	North Carolina	3
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell P	hone			Email —				
Own/Rent	\$		_ Years	There	D	rivers	Lience #		State		
Business Home Bas	ed?	No	Location	Lease/Own	Owned		_Lease Tern	n	Month	nly Rent	
Landlord / Mortgage	e Co						Conta	ct			
Contact Phone	_			_ Cel	l <u> </u>			Em	ail		
Bank Name/Branch	Uwharrie	e Bank		Contact	Jason			Phone	(704) 922	2-3412	
Trade Reference#1	Hw little			Contact	Roger			Phone	(706) 453	3-2411	
Trade Reference#2			_	Contact	Monica	liles		 Phone	(919) 823	3-9383	
Trade Reference#3				Contact				– Phone			
I hereby represent that all	the above info	ormation is	true and un	derstand that m	aking false sta	itemen	ts might be cons	sidered fraud. By	providing the ab	pove 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	Michael Chambers	Date	12/22/2016