MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VOINS	Sales Rep: Sean

DBA Name		Gold mountain	corral	Le	egal Name	Gold mountain	corral	
Type of Business Wholesale distri		ribution			389025335		Sole Prop	
Full Business Addre	ess	11 Highlands Bl						•
Full Billing Address								
Phone at Location		(530) 712-153	5		Best Phone		Fax	
Business Email					Website	Gold Mountain Corral		
Years In Business		8	Average Tic	ket		Gross Annual Sa	les <u>240,000.00</u>	1
Do you currently h	ave cash	advance?	No V	With who? _			Balance	
Current Credit Card	d Process	or			_ Average	Processing Volum	e	
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Joe Game			Title				
Date of Birth	04-10-19			SSN	389-02-53	35		
Full Home Address		ands Blvd						
Home Phone	(530) 712	2-1535 Ce	ll Phone	(530) 712-1	.535 Email	cpfwis@g	mail.com	
Own/Rent	\$ <u>0 Ren</u>	t Ye	ars There <u>8</u>	D	rivers Lience # F	5175113	State CA	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			ll Phone		Email			
Own/Rent	\$	Ye	ars There	D	rivers Lience #		State	
Business Home Bas	sed?	Yes Location	on: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co. S	iusan Purvis			Conta	nct <u>S</u> ı	usan Purvis	
Contact Phone	(	530) 403-5912	Cel	ı _		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			Phone		_
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that m	aking false sta	tements might be con	sidered fraud. By provid	ding the above informati	on, 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	Joe Gamez	Date	08/10/2017