MoneyWorks >>	Sales Rep: Joe

DBA Name		Cindys Travel [Oreams Inc	l e	gal Name	Cindys Travel Dre	ams Inc	
Type of Business travel agency		oreams me	Ta		541942299		Corp	
Full Business Addre	acc	1200F Armory [)r			311312233		Согр
Full Billing Address	.33	12001 Aimory L	21					
Phone at Location	(757) 569-9250		0	Best Phone			Fax	
Business Email		travel@cindystraveldre				www.cindystraveldreams.agentstudio.co		
Years In Business		18	Average Tick			Gross Annual Sales 182,000.00		
Do you currently h	ave cach :		•	ith who?			Balance	
			INO VV	itii wiio: _			balance	
Current Credit Card	d Processo	or			- Average	Processing Volume		
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Cindy Fer	guson		Title	president			
Date of Birth	20-01-19	62		SSN	229-08-36	62		
Full Home Address	3419 Bea	verdam Rd						
Home Phone	(757) 569)-9250 Cel	l Phone		Email	travel@cind	ystraveldreams.com	
Own/Rent	\$ <u>0 Own</u>	Ye	ars There 30	D	rivers Lience # T6	54720402 St	ate <u>VA</u>	<u>—</u>
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cel	l Phone		Email			
Own/Rent	\$	Ye	ars There	D	rivers Lience #	St	ate	
Business Home Bas	sed?	No Locatio	on: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgag		yner prop		-	 Conta		. , _	
	<u>, </u>	, , ,	Call			-		
Contact Phone	_		Cell			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 mal	king false stat	tements might be cons	idered fraud. By providing	g the above 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	Cindy Ferguson	Date	05/05/2017
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