

DBA Name	Alumni Lo	gistics LLC	Le	gal Name	Alumni Logist	ics LLC		
Type of Business	Logistics		Ta	x ID	46-1715502		Corp	
Full Business Addre	ss 3805 Norris	sville Rd, Jarrettsville	e, MD 2108	4				
Full Billing Address								
Phone at Location	(443) 307	-5330	В	est Phone (443)	307-5330	Fax	(443) 773-0628	
Business Email	mheim36	@gmail.com		Website	n/a			
Years In Business	4.6	Average Tic	ket		Gross Annual S	Sales <u>2,</u> 2	108,000.00	
Do you currently ha	ave cash advance?	No V	Vith who? _			Balanc	e	
Current Credit Card	d Processor			Average	Processing Volu	ıme _		
Last Month Vol.	#	of Tickets		2nd Month Vol.		#of Tic	kets	
3rd Month Vol.	#	of Tickets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	Merrill Heim		Title	President				
Date of Birth	05/18/1972		SSN	220-72-680	06			
Full Home Address	4540 Oak Ridge Dr. St	reet, MD 21154						
Home Phone	(443) 307-5330	Cell Phone	(443) 307-53	330 Email	mheim:	36@gmail.con	n	
Own/Rent	\$ <u>0 Own</u>	Years There $\frac{4.6}{}$	Dr	rivers Lience # H-	rs Lience # H-500-599-738-376 State MD			
Owner #2 Name			Title					
Date of Birth			SSN					
Full Home Address								
Home Phone		Cell Phone		Email				
Own/Rent	\$	Years There	Dr	rivers Lience #		State		
Business Home Bas	ed? No Lo	ocation: Lease/Own	Leased	Lease Tern	n	Monthly	Rent	
Landlord / Mortgage	e Co. <u>Jarrettsville 1</u>	russ Company		Conta	ct	Carrier		
Contact Phone	(410) 557-76	68 Cell	<u>(4</u>	10) 557-7668	Email	csm.	jtruss@verizon.net	
Bank Name/Branch	First National Bank	Contact	Terri Bos	stock	Phone	(410) 569-4	4019	
Trade Reference#1	Bens Tire	Contact	Laure		Phone	(410) 679-8	3298	
Trade Reference#2	Truck Specialties	Contact	Ron		Phone	(717) 235-2	2924	
Trade Reference#3	Elliott Wilson	Contact	Valeria		Phone	(410) 763-	7352	

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.

	inted Name Merrill H		ate (07/24/2017
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