	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name <u>So</u>	Southcoast Partners, LLC Legal Name		Southcoast Par				
Type of Business Re	eal Estate Consultant	Tax ID	65-0241594	Corp			
Full Business Address 777	7 E Atlantic Avenue						
Full Billing Address							
Phone at Location (5	61) 265-1390	Best Phone	Fax				
Business Email		Website					
Years In Business 8	Average Tic	ket	Gross Annual Sales 450,00	00.00			
Do you currently have cash adva	ance? Yes V	Vith who? Expansion Capita	I, Yellowstone Balance le	aiting for payoff tters and will and to you			
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Tickets	2nd Month Vol.	#of Tickets				
3rd Month Vol.	#of Tickets	4th Month Vol.	#of Tickets				
Owner #1 Name William Morris	S	Title Owner					
Date of Birth 01-15-1942		SSN 285-38-22	278				
Full Home Address 1340 NW 3rd	Avenue						
Home Phone (561) 265-139	90 Cell Phone	(561) 447-6754 Email	bill@southcp.com				
Own/Rent \$ 0 Own	Years There	Drivers Lience #	State				
Owner #2 Name		Title					
Date of Birth		SSN					
Full Home Address							
Home Phone	Cell Phone	Email					
Own/Rent \$	Years There	Drivers Lience #	State				
Business Home Based? No	Location: Lease/Own	Leased Lease Ter	mMonthly Re	nt			
Landlord / Mortgage Co.		Conta	act				
Contact Phone	Cell	I	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 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	William Morris	Date	01/09/2017
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