	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Gebhardt Enter	orises	Le	egal Name	Gebhardt Ente	erprises	_
Type of Business		Sales rep		Ta	ax ID	099567475		Corp
Full Business Addre	SS	6 delmar lane						
Full Billing Address								
Phone at Location		(631) 266-1191		E	Best Phone (631)	266-1191	Fax	(632) 266-1099
Business Email		tmrmike@optor	line.net		Website			
Years In Business		17	Average Ticke	et		Gross Annual S	Sales <u>5,0</u>	000,000.00
Do you currently ha	ave cash	advance?	Yes Wi	th who? S	Swift finacial		Balanc	e <u>11000.00</u>
Current Credit Card	d Process	sor			Average	Processing Volu	me _	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tic	kets
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tic	kets
Owner #1 Name	Michael	Gebhardt		Title	President			
Date of Birth	06/15/19	960		SSN	099-56-74	75		
Full Home Address	6 delma	r Isne commack						
Home Phone	(631) 26	66-1191 Cell	Phone		Email	tmrmik	e@optonline.r	net
Own/Rent	\$ <u>0 Ow</u>	rn Yea	rs There 18	D	rivers Lience # 1	83790439	State	Ny
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address Home Phone		Call	Phone		Email			
Own/Rent			rs There		rivers Lience #		State	
OWII/Rent	\$			U	Tivers Lience #			
Business Home Bas	ed?	Yes Location	n: Lease/Own	Owned	Lease Terr	m	Monthly	Rent
Landlord / Mortgage	e Co. <u> </u>	mortage services			Conta	nct	NY	
Contact Phone	<u>(</u>	(180) 022-7482	Cell			Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			— Contact			Phone		
I havaby rangeant that all	the shave i	nformation is true and u	and a rate and that would	ina falsa stat		cidored fraud. By pro	viding the shor	re 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 Gebhardt	Date	11/05/2018