Mone	/Works >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Patrick

DBA Name		All your	needs to	wina	Legal	Name	Ayn llc		
Type of Business		Towing	necus to	Willig	Eegal Tax ID		83-0758582		LLC
Full Business Addre	cc	7452 Ilai	200				05-0750502		LLC
Full Billing Address	55	7432 1101	io ave						
Phone at Location		(682) 7	7/1-7075		Rost	Phone (682)	77/1-7075	Fax	
		aanl com		Vebsite	Roadsidetowingdfw.com				
Years In Business		Nomorelockouts@aol.com 2 Average Ti		Average Ticl			Gross Annual Sales 350,000.00		
				_			GIOSS AIIIIUai		
Do you currently ha	ave cash	advance?		Yes W	lith who? <u>Cfg</u>			Balance <u>2000</u>	<u> </u>
Current Credit Card	d Processo	or				Average	Processing Vol	ume	
Last Month Vol.			#of Tick	ets	2nd	Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets	4th	Month Vol.		_ #of Tickets	
Owner #1 Name	Joshua Sa				Title	Owner			
Date of Birth)2-12-1992			SSN 627-32-53		14		
Full Home Address		o ave ft wo			(000) 1 -0				
Home Phone	(682) 774		Cell P	-	(682) 774-7075	Email —	-	relockouts@aol.com	
Own/Rent	\$ <u>0 Ren</u>	t	_ Years	There 1	Drivers	S Lience # 33	3987857	StateTx	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell P	hone		Email			
Own/Rent	\$		 Years	There	Drivers	 s Lience #		State	
Descionara Harras Dan	- 42	Vas	1 1:	/0	Langed	Lasas Taur	. C moths	Manthala Dant	1 200 00
Business Home Bas	ea?	Yes	Location	: Lease/Own	Leased	_Lease Tern	n <u>6 mths</u>	Monthly Rent	1,200.00
Landlord / Mortgage	e Co. <u>K</u>	imbell				Conta	ct	Kimbell	
Contact Phone	<u>((</u>	682) 774-	7075	_ Cell			_ Emai	<u> </u>	
Bank Name/Branch	Bank of	america		Contact	Marcus		Phone	(817) 317-8073	
Trade Reference#1	Towing			- Contact	Any		– Phone	(817) 296-4151	
Trade Reference#2	David			- Contact	6823077583		– Phone		
Trade Reference#3				- Contact			– Phone		
I hereby represent that all	the above in	formation is	true and un	derstand that ma	aking false statemer	its might be cons	idered fraud. By p	roviding the above informa	ation, 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 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.

Vorks Direct and to each of the	Recipients, on its own behalf.				
Signature#1		Printed Name	Joshua Salazar	Date	10/16/2019