MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Sean
	Sales Rep. Seati

		1.6				1.51						
DBA Name		ert6				gal Name	erady	/n				
Type of Business		er6y			Tā	ax ID	er6y					Corp
Full Business Addre	SS	ers										
Full Billing Address												
Phone at Location		(123) 32	1-3213		E	Best Phone (12)	3) 132-13	321	Fax			
Business Email						Website						
Years In Business		10		Average Ti	icket		Gross	Annual Sal	es	22,222	,222.00	
Do you currently ha	ave cash a	advance?		No	With who? _				Bal	ance		
Current Credit Card	d Processo	r				Average	e Process	sing Volume	e			
Last Month Vol.			#of Ticke	ts		2nd Month Vol.			#of	Tickets		
3rd Month Vol.			#of Ticke	ts		4th Month Vol.			#of	Tickets		
Owner #1 Name	sdratg ert	:			Title	owner						
Date of Birth	12312323	3123			– SSN	111-11-1	.111					
Full Home Address	awewerwi	rewr			_							
Home Phone	(123) 123	-1321	Cell Ph	one		Email		hfhfh@julia	an.com	1		
Own/Rent	\$ <u>0</u> Own		— Years	There _	D	rivers Lience #			State			_
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Ph	one		Email						
Own/Rent	\$		Years	There _	D	rivers Lience #			State			
Business Home Bas	ed?	No L	ocation:	Lease/Ow	n <u>Leased</u>	Lease Te	rm _		Mon	thly Rer	nt	
Landlord / Mortgage	e Co					Cont	tact	_				
Contact Phone				Ce	ell		<u> </u>	Email	_			
Bank Name/Branch				Contact	<u> </u>		Ph	none				
Trade Reference#1				Contact	=		— Ph	none				
Trade Reference#2				Contact	<u></u>		— Ph	none —				
Trade Reference#3				Contact				none				
I hereby represent that all	the above inf	formation is t	rue and unde	erstand that r	making false sta	tements might be co	nsidered fra	aud. By provid	ing the	above info	rmation, th	e 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	sdratg ert	Date	11/30/2017