MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
	Suics Rep. Julium

DBA Name		Smooth	ie King		Le	gal Name	W	Vinston Smooth	ies, LLC		
Type of Business		Smooth	ies		Ta	ax ID	8	32-3425586			LLC
Full Business Addre	SS	5709 Uni	iversity Par	kway							
Full Billing Address											
Phone at Location		(803) 586-4008			Best Phone (803) 586-4008 Fax						
Business Email		Duvane	.Dorsey@g	ımail.com		Website	_				
Years In Business		3		Average Tic	ket		_ Gı	ross Annual Sal	es <u>4</u>	00,000.00	
Do you currently ha	ave cash	advance?	1	No V	Vith who? _				Balan	ce	
Current Credit Card	d Process	or				Aver	age Pro	ocessing Volume	9		
Last Month Vol.			#of Ticke	ts		2nd Month	√ol		#of Tid	ckets	
3rd Month Vol.			#of Ticke	ts		4th Month \	/ol		#of Tid	kets	
Owner #1 Name	Duvane [	Dorsey			Title	Owne	ır				
Date of Birth	0709197				SSN						
Full Home Address		'AGONFORE	D LN								
Home Phone	(803) 586	 6-4008	Cell Pho	one		Email		smoothiek	ingws@gr	mail.com	
Own/Rent	\$ 0 Owr	n	Years	There 9	D	 rivers Lience #	¢ <u>878-2</u>	2338	State	NC	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Pho	one -		Email					
Own/Rent	\$		_ Years 7	There	D	rivers Lience #	<u> </u>		State		_
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease	Term		Monthl	y Rent	
Landlord / Mortgage	e Co					C	ontact	_			
Contact Phone	_			Cell	_			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 in	nformation is	true and unde	erstand that ma	aking false stat	tements might h	e consider	red fraud. By providi	ing the abo	ve information th	ne annlicant(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	Duvane Dorsey	Date	12/19/2018