Money	/Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name	e cromos			Legal Name		СС			
Type of Business		money laundering			 Tax ID 55		5555454542		LLC
Full Business Addre	ess	1 Micros	oft Way						
Full Billing Address									
		(425) 8	(425) 882-8080		Best Phone (425) 8		882-8080	Fax	_
Business Email						 Website			
Years In Business		3	Averag	e Ticket			Gross Annual Sa	ales <u>150,000.0</u>	00
Do you currently h	ave cash	advance	?	No	With	who?		Balance	e <u>0</u>
Current Credit Care	d Process	or	Visa			Average	Processing Volum	ne <u>25</u>	
Last Month Vol.	0		#of Tickets		2nd	d Month Vol.	0	#of Tickets	
3rd Month Vol.	0		#of Tickets		4th	Month Vol.	0	#of Tickets	
Owner #1 Name	Cromado	Croma			Title	Mr.			
Date of Birth	1999-10-	-01			SSN	222-22-22	22		
Full Home Address	425-882-	-8080							
Home Phone	(201) 45	5-8887	Cell Phone			Email	cromos.d	ocosmos@gmail.coi	m
Own/Rent	\$ 0 Owr	n	Years There		Drive	s Lience #		State	
Owner #2 Name					Title				
Date of Birth	0000-00-	-00			SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Driver	s Lience #		_State	
Business Home Bas	sed?	No	Location: Lease/	Own	Leased	Lease Terr	1 Microsoft Way, Redmond, WA 98052,	Monthly Rent	200.00
Landlord / Mortgage	e Co.					Conta	ct _		
Contact Phone	_			Cell			Email		_
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			Cont	act			Phone		
Trade Reference#2			Cont	act			Phone		
Trade Reference#3			Cont	act			Phone		
I hereby represent that all	the above in	oformation i	s true and understand t	hat making	r falso statomo	nts might be sen	idorod fraud. By provi	ding 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 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	Cromado Croma	Date	06/14/2016