MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick

DBA Name	brinson	farms llc	Le	egal Name	brinson farm	s IIc	
Type of Business	agricult	ure	Ta	ax ID	203399438		LLC
Full Business Addre	ss <u>9</u> 94 lyma	an rd beulaville nc	28518				
Full Billing Address							
Phone at Location	(910) 298-1600			Best Phone		Fax	(910) 375-3169
Business Email	ebrinsor	n@eastnc.twcbc.co	om	Website	na		
Years In Business	13	Average	Ticket		Gross Annual	Sales	1,000,000.00
Do you currently ha	ave cash advance?	No	With who? _			Bala	nce
Current Credit Card	l Processor			Average	Processing Vol	ume	
Last Month Vol.		#of Tickets		2nd Month Vol.	- <u></u>	#of T	ickets
3rd Month Vol.		#of Tickets		4th Month Vol.	-	#of T	ickets
Owner #1 Name	edmond brinson		Title	member,	manager		
Date of Birth	18-03-1961		SSN	241-08-64	17		
Full Home Address	3546 fountaintown r	rd chinquapin nc 285	521				
Home Phone	(910) 298-1600	Cell Phone	(910) 298-1	600 Email	ebrinso	on@eastnc.t	cwcbc.com
Own/Rent	\$ 0 Own	Years There	12 D	rivers Lience # 9	79023	State	nc
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address		Call Disass		F 9			
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	D	rivers Lience # _		State	
Business Home Bas	ed? No	Location: Lease/O	wn <u>Leased</u>	Lease Teri	m	Mont	hly Rent
Landlord / Mortgage	e Co			Conta	act		
Contact Phone			Cell _		Email		
Bank Name/Branch	southern bank ke	enansvill Conta	act betty de	witt	Phone	(910) 29	6-0210
Trade Reference#1	quality equipmer	nt IIc Conta	act rick thig	pen	Phone	(910) 59	2-0555
Trade Reference#2	brunswick farm s	suply Conta	act donald l	ong	Phone	(910) 54	0-6571
Trade Reference#3	browns service c	enter Conta	act buck bro	own	 Phone	(910) 29	6-1999
I hereby represent that all	the above information is	true and understand the	at making false sta	tements might be con	sidered fraud. By pr	oviding the al	pove 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	edmond brinson	Date	01/26/2018