

DDA Nama		Miamimeters		1.2	and Name		ntrrprises		
DBA Name		Manufacturinf			Legal Name		Roi entrrprises		
Type of Business		Manufacturinf			Tax ID		273926858		Corp
Full Business Addre	ess <u>6</u>	630 nw 20 ave f	t lauderdlad	e fl 33309					
Full Billing Address	-								
Phone at Location		(877) 537-8567			Best Phone <u>(305)</u>				
Business Email	Miamimotorscompany@g			nail.com Website		Origia	Origianlmiamotors.com		
Years In Business	<u>13</u> Average			Ticket		Gross	Gross Annual Sales 148,655.00		
Do you currently ha	ave cash ac	dvance?	No	With who? _			Ва	alance	
Current Credit Card Processor				Average Processing			sing Volume		
Last Month Vol.		#of Tic	kets		2nd Month Vo	ol	#o	f Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vo	l	#o	f Tickets	
Owner #1 Name	Cedric Clau	ıde		Title	Preside	nt			
Date of Birth	20-04-1993			SSN 595-31-22					
Full Home Address		9 ave sunrise fl 33	_						
Home Phone	(786) 294-6		Phone	(305) 688-7	766 Email		miamimotorsco	mpany@gmail.com	
Own/Rent	\$ 0 Own		rs There 8		rivers Lience #	C430	State	FI	
			_						_
Owner #2 Name				Title					
Date of Birth				- SSN					
Full Home Address				_					
Home Phone		Cell	Phone		Email				
Own/Rent	\$	Year	rs There _	D	rivers Lience #		State		_
Business Home Bas	sed? [No Location	n: Lease/Owr	n <u>Leased</u>	Lease To	erm _	Мо	nthly Rent	
Landlord / Mortgage	e Co				Cor	ntact			
Contact Phone			Ce	<u> </u>			Email _		
Bank Name/Branch			Contact			Pł	none		
Trade Reference#1	_		 Contact			— Pł	none		
Trade Reference#2			— Contact			—— Pł	none		
Trade Reference#3			 Contact 			Pł	none		
I hereby represent that all	the above info	rmation is true and u	nderstand that n	naking false sta	tements might he	onsidered fr	aud By providing the	ahove 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	Cedric Claude	Date	04/18/2017