

DBA Name		Mark logistics i	nc	Le	egal Name	Mark logistic	es inc	
Type of Business		Trucking		Tax ID		471109101		Corp
Full Business Address		2642 41 st pl highland in 46322						'
Full Billing Address								
Phone at Location		(443) 221-9207		Ī	Best Phone (443	3) 221-9207	Fax	
Business Email		marko.andric86@gmail.com		Website				
Years In Business		4	Average Ti	cket		Gross Annua	Sales 300,030.00	
Do you currently h	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card Processor		or			_ Average	Processing Vo	lume	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Marko an			Title –				
Date of Birth	05091986			SSN -	835-16-35	502		
Full Home Address	8728 w berwyn ave, 3s chicago il 60656							
Home Phone	(443) 221	9207 Cell	Phone	(443) 221-9	207 Email	marko ———	o.andric86@gmail.com	
Own/Rent	\$ <u>0 Rent</u>	Yea	ars There $\frac{44}{2}$	432219207 D	rivers Lience # A	A53654086401	StateIllinois	
O 4/2 No				T'N -				
Owner #2 Name				Title -				
Date of Birth				SSN -				
Full Home Address	-	Call	Phone		Fmail			
Home Phone					Email			
Own/Rent	\$	Yea	ars There	D	rivers Lience # _		State	
Business Home Bas	sed?	Yes Location	n: Lease/Owr	n <u>Leased</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgag	e Co				Conta	act		
Contact Phone			Ce	ell <u> </u>		Emai		
Bank Name/Branch	Chase b	pank	Contact	Nikola z	aric	Phone	(646) 541-5444	
Trade Reference#1			 Contact			 Phone		
Trade Reference#2			— Contact			— Phone		
Trade Reference#3			— Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that n	naking false sta	tements might be cor	nsidered fraud. By p	roviding the above informatio	n, 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	Marko andric	Date 03/28/20	17
--------------------------	--------------	---------------	----