

DBA Name		A better roof & I	remodeling	Legal	Name	A better roof &	remodeling	
Type of Business		Construction		Tax ID		46-0884520		LLC
Full Business Addre	:SS	2161 peachtree	road					
Full Billing Address								
Phone at Location		(678) 768-9713		Best Phone (678) 7		768-9713	Fax	
Business Email		Gliza.mullen@y	ahoo.com		Website			
Years In Business		4	Average Ticke	et		Gross Annual Sa	les <u>150,009.00</u>	
Do you currently h	ave cash a	advance?	Yes Wit	th who? <u>Lendi</u>	ni		Balance 10009	
Current Credit Card Processor					Average P	rocessing Volun	ne	
Last Month Vol.		#of Tic	kets	2nd	Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets	4th	Month Vol.		#of Tickets	
Owner #1 Name	Gliza Mull	len		Title	Owner			
Date of Birth	10/01/196	65		SSN	067-58-846	4		
Full Home Address	2161 pea	chtree road, 506						
Home Phone	(678) 768	3-9713 Cell	Phone (6	678) 768-9713	Email	Gliza.mul	len@yahoo.com	
Own/Rent	\$ 0 Rent	t Yea	rs There 3	Drivers	S Lience # <u>052</u>	2495975	State Georgia	
O 4/2 No				<b>T</b> W -				
Owner #2 Name				Title				
Date of Birth				SSN	-			
Full Home Address Home Phone		Call	Phone		Email			
			rs There	Driver	Lience #		Ctata	
Own/Rent	\$	fea		Drivers			State	
Business Home Bas	sed?	No Location	n: Lease/Own	Leased	_Lease Term		Monthly Rent	_
Landlord / Mortgage	e Co. S	tephen White			Contac	t <u>3</u>	059894733	
Contact Phone	_		Cell			Email		
Bank Name/Branch	Wells fa	ırgo	Contact	4043506901		Phone		
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 u	nderstand that maki	ing false statemen	nts might be consid	dered fraud. By provi	ding the above 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 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	Gliza Mullen	Date	01/10/2017