MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: John
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DDA Nama		1001		Log	al Nama	1001		
DBA Name		1981 Medical Equipment Sales		Legal Name Tax ID		1981		
Type of Business				ıax	מוט	263325345		LLC
Full Business Addre	ess	16120 N. Florid	a Ave					
Full Billing Address		(222) 222 222					Fax	
		-	(813) 972-1876		est Phone			
Business Email		sales@lane-enterprise.com		Website		www.lane-enterprise.com		
Years In Business		10	Average Tick	et		Gross Annual Sal	es <u>550,0</u>	00.00
Do you currently h	ave cash	advance?	Yes W	ith who? Wi	se Funding		Balance 2	21500
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of T	ickets	2	nd Month Vol.		#of Ticket	s
3rd Month Vol.		#of T	ickets		1th Month Vol.		#of Ticket	s
Owner #1 Name	lulos I an	•		Title	CEO			
Owner #1 Name	Jules Land 0131981			Title	108-68-930)E		
Date of Birth Full Home Address	-	Florida Ave		SSN	100-00-930			
Home Phone	(813) 972		Il Phone		Email	salos@land	e-enterprise.c	om
			_	D.:			-	
Own/Rent	\$ <u>0 Owr</u>	1 Ye	ars There	Dri\	vers Lience #	:	State	<u>FL</u>
Owner #2 Name				Title				
Date of Birth				SSN	-			
Full Home Address								
Home Phone	-	Cel	Il Phone		Email			_
Own/Rent	\$	Ye	ars There	Driv	/ers Lience #		State _	
Business Home Bas	ed?	Yes Location	on: Lease/Own	Leased	Lease Tern	<u> </u>	Monthly R	ont
	-	Location	on. Lease/own	Leasea			_ Montainy N	
Landlord / Mortgag	e Co				Conta			
Contact Phone	_		Cell			Email		
Bank Name/Branch			Contact			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	understand that ma	king false state	ments might be cons	idered fraud. By provid	ing the above in	formation, 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	Jules Lane	Date	05/31/2018
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