MoneyWorks >> Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Jonathan
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DBA Name		Precision Tune Auto Care			Legal Name		Galaxie Cartune				
Type of Business		Automotive			Т	ax ID		320052391	-	Corp	
Full Business Addre	SS	6982 145	5th st w								
Full Billing Address											
Phone at Location		(952) 201-1399			Best Phone (952)		201-1399	Fax	(952) 891-1678		
Business Email		Ptac3518@gmail.com				Website		precisiontu	ne.com		
Years In Business		13 Average Tio			cket		Gross Annu	al Sales	1.10		
Do you currently ha	ave cash	advance?	١	es '	With who?	BFS Ca	apital		Bala	nce <u>6,000</u>	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Ticke	ts		2nd	Month Vol.		#of T	ickets	
3rd Month Vol.		#of Tickets			4th Month Vol.				#of Tickets		
Owner #1 Name	Matt Gall	lagher			Title	<u> </u>	Owner				
Date of Birth	0116197				- SSN		485-94-25	52			
Full Home Address		olorado ave			-						
Home Phone	(952) 20	1-1399	Cell Ph	one	(952) 201-	1399	Email	ptac	3518@gmail.c	com	
Own/Rent	\$ 0 Owi	n	—— Years <sup>-</sup>	There 4		Drivers	— Lience #    F(	 616086659213	State	Minnesota	
			_	_			_				
Owner #2 Name					Title	9					
Date of Birth					SSN	I					
Full Home Address											
Home Phone			Cell Ph	one			Email —				
Own/Rent	\$		Years -	There	[	Orivers	Lience # _		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	k	Lease Terr	m	Mont	hly Rent	
Landlord / Mortgage	e Co. <u>F</u>	recision T	une Auto (	Care Corpo	rate		Conta	act	Susan		
Contact Phone	<u>(</u>	866) 944-	8863	Ce	II _			Ema	ail		
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 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 authorized in 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	Matt Gallagher	Date	09/19/2016