

DBA Name		Jaguar	Containers	Inc	Le	gal Name	Jaguar Conta	iners Inc				
Type of Business		Distribution			Tax ID		473667650		_	Corp		
Full Business Address 260 Peachtree St NW ATLANTA Ga Suite 2200												
Full Billing Address												
Phone at Location		(678) 478-2773			Best Phone (678) 478-2		3) 478-2773	Fax				
Business Email						Website						
Years In Business		1.7		Average Tick	et		Gross Annual	Sales <u>50</u>	0,000.00			
Do you currently h	ave cash	advance	?	Yes W	ith who? <u>iA</u>	dvancenow		Balanc	e <u>8,000</u>			
Current Credit Card	d Process	or				Average	Processing Vol	ume _				
Last Month Vol.			#of Tick	ets		2nd Month Vol.		_ #of Tick	cets			
3rd Month Vol.			#of Tick	ets		4th Month Vol.		_ #of Tick	cets			
Owner #1 Name	William (Coit			Title	President						
Date of Birth	03-12-19	965			SSN	439-35-46	526					
Full Home Address	260 Pead	chtree St N	NW, Suite 22	00								
Home Phone	(678) 47	8-2773	Cell Pl	none		Email	crump	containers@gn	nail.com			
Own/Rent	\$ 0 Rent		Years There		Drivers Lience # 05		59285116	State	GA - Georgia			
Owner #2 Name					Title							
Date of Birth Full Home Address					SSN							
Home Phone			Cell Pl	none		Email						
Own/Rent	\$			There	Dr	ivers Lience #		State				
Omigreene	Ψ <u></u>											
Business Home Bas	ed?	No	_Location:	Lease/Own	Leased	Lease Ter	m	Monthly	Rent			
Landlord / Mortgage	e Co. <u> </u>	Regus				Conta	act	Veronica				
Contact Phone	<u>(</u>	404) 527	7-6200	Cell			Emai	l				
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)												

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	William Coit	Date	12/01/2016