MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Jonathan
	Sures Reprijoriation

DBA Name	Jax Air Compressors			Legal Name		Jax Air Compressors,LLC				
Type of Business		Service&l	Repairs		T	ax ID	47-318696	3	LLC	
Full Business Addre	SS	6728-2 Fir	estone Rd							
Full Billing Address										
Phone at Location	(904) 574-9919					Best Phone (90	4) 228-5116	228-5116 Fax		
Business Email		ron@jaxaircompressor.com			Website		www.jaxair	www.jaxaircompressor.com		
Years In Business		3	A\	erage Tick	et		Gross Annu	al Sales <u>106,000.00</u>		
Do you currently ha	ave cash	advance?	N	w c	ith who? _			Balance		
Current Credit Card	l Process	or	_			Average	e Processing V	olume		
Last Month Vol.			of Tickets	<u> </u>		2nd Month Vol.	· <u> </u>	#of Tickets		
3rd Month Vol.		7	of Tickets			4th Month Vol.		#of Tickets		
Owner #1 Name	Ra Has				Title	Owner				
Date of Birth	09/22/19	180			SSN	594-28-1	921			
Full Home Address		toria Dr S			33.1					
Home Phone	(904) 22		Cell Phor	ne		Email	ron@	Djaxaircompressor.com		
Own/Rent	\$ 0 Ren		— Years Th	_	ears D	rivers Lience #	 H200-720-80-34	<u> </u>		
						-				
Owner #2 Name					Title					
Date of Birth					SSN	-				
Full Home Address										
Home Phone			Cell Phor	ne _		Email				
Own/Rent	\$		Years Th	iere	D	rivers Lience #		State		
Business Home Bas	ed?	No L	ocation: Le	ease/Own	Leased	Lease Te	rm	Monthly Rent		
Landlord / Mortgage	e Co. E	Bill				 Cont	tact	9045914656		
Contact Phone	_			Cell			Em	ail		
Bank Name/Branch	First At	lantic Bank	<u> </u>	Contact	904348	3100	Phone	(904) 348-3100		
Trade Reference#1				Contact			 Phone			
Trade Reference#2				Contact			— Phone			
Trade Reference#3				Contact			— Phone			
I hereby represent that all	the above in	nformation is tr	ue and under	stand that mal	king false sta	tements might he co	insidered fraud. Bu	providing the above information	the applicant(c)	

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Ra Has	Date	04/20/2017