	INISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Rep: Frank
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DBA Name		Heritage T	ours	Le	egal Name	Heritage To	urs	
Type of Business		Tourism		Tā	ax ID	81-4773684		LLC
Full Business Addre	ess	25 Sylvan F	Road South					
Full Billing Address								
Phone at Location		(404) 429	-0769	E	Best Phone		Fax _	
Business Email		james@jgl	olackbook.com		Website	<u>j</u> gblackbook	.com	
Years In Business		6	Average T	icket		Gross Annua	Sales <u>  10,50</u>	0,000.00
Do you currently h	ave cash a	advance?	No	With who? _			Balance _	
Current Credit Card	d Processo	or			Average	e Processing Vo	lume	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Ticket	S
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Ticket	S
Owner #1 Name	Jena Gard			Title	CEO			
Date of Birth	01191969			SSN	516-06-8	937		
Full Home Address			stport, CT 06880					
Home Phone	(404) 429	)-0769	Cell Phone		Email	james	@jgblackbook.com	1
Own/Rent	\$ <u>0 Own</u>	<u> </u>	Years There _	D	rivers Lience #	018887994	State	CT
Owner #2 Name	James Sa	leh		Title	C00/CF0	)		
Date of Birth				SSN —	260-23-4	065		
Full Home Address	282 North	n Avenue						
Home Phone	(404) 429	0-0769	Cell Phone		Email			
Own/Rent	\$ Own		Years There _	D	rivers Lience #	050215551	State	GA
Business Home Base	ed?	No Loca	ation: Lease/Own	Leased	Lease Term	2 yrs	Monthly Rent	2,310.00
Landlord / Mortgage	Co. 2	25 Sylvan Ro	ad South, LLC		Con	tact	Jon Eckman	
Contact Phone	(20	03) 451-897	2 Cell			Email	jeckman@fi	schelproperties.com
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 tru	e and understand that	making false stat	tements might be co	nsidered fraud. By r	providing 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	James Saleh	Date	08/17/2017