Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name	BA Name Flapjack Restaurant		urant	Legal Name		me	RW Foods Corp	
Type of Business		Restaurant		Tax ID			263380224	Corp
Full Business Addre	SS	6927 S. Cedar,	Lansing, MI 48	911				
Full Billing Address								
Phone at Location	ocation (517) 699-5532			Best Phone (989) 413-8623 Fax			413-8623 Fax	
Business Email	rewilk@hotmail.com		Website		bsite	flapjackcedar.com		
Years In Business		9	Average Tid	cket			Gross Annual Sales <u>1,300,000.00</u>	
Do you currently ha	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card Processor		or		Average		Average F	Processing Volume	
Last Month Vol.		#of Ti	ckets		2nd M	onth Vol.	#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th M	onth Vol.	#of Tickets	
Owner #1 Name	Ron Wilki	ns		Title		Owner		
Date of Birth	10/14/195	10/14/1957		SSN		368-72-501	4	
Full Home Address	815 Adam	ns, Owosso, MI, 48	868					
Home Phone	(989) 413	3-8623 Cel	l Phone	(989) 413-8	8623	Email	rewilk@hotmail.com	
Own/Rent	\$ <u>0 Own</u>	Ye	Years There		Drivers Lience #		State	
Owner #2 Name				Title -				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cel	l Phone			Email		
Own/Rent	\$	Ye	ars There	D	rivers Li	ience #	State	
Business Home Bas	ed?	No Locatio	on: Lease/Own	Leased	l	Lease Term	Monthly Rent	
Landlord / Mortgage	e Co.					Contac		
Contact Phone			Ce	II _			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 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	Ron Wilkins	Date	12/22/2017