M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADMINISTRATIVE FORM PLEASE FAX TO:1.646,417,5809
MoneyWorks >>	Sales Rep: Carl

DBA Name		A1cutting	gedge in	с.	Le	gal Name	A1cuttinged	ge inc.	
Type of Business		LANDSCA	APING		Ta	x ID	65-1148246		Corp
Full Business Addre	SS	1704 nw	11th ct						
Full Billing Address									
Phone at Location		(239) 45	8-8005		В	est Phone (239	9) 458-8005	Fax	(239) 458-8026
Business Email		a1cutting	gedge@g	gmail.com		Website			
Years In Business		30		Average Tick	et		Gross Annual	Sales 2	30,000.00
Do you currently ha	ave cas	h advance?		Yes Wi	th who? R	APID ADVANCE		Balan	ice 17000
Current Credit Card	d Proces	ssor				Average	e Processing Vol	ume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Ti	ckets
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Ti	ckets
Owner #1 Name	scott L	wnch			Title	OWNER			
Date of Birth	02-15-2				SSN	314-72-2	380		
Full Home Address		w 11th ct			3311		300		
Home Phone		158-8005	Cell Pl	none		Email	a1cutt	ingedge@gm	ail com
Own/Rent	\$ 0 Re		_	There 3	Dr		 	State	Florida
OWII/Reiit	\$ <u>0 10</u>		Tears	There 3		ivers Lience # _i	LJ20799030300		Tiorida
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pl	none		Email			
Own/Rent	\$		— Years	There	Dr	ivers Lience #		State	
Business Home Bas	ed?	No L	ocation:	Lease/Own	Leased	Lease Ter	m	Month	ly Rent
Landlord / Mortgage	e Co.	DENNIS REI	D			 Cont	act		
Contact Phone		(239) 318-7	252	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 t	rue and un	derstand that mak	ing false stat	ements might be co	nsidered fraud. By n	roviding the abo	ove 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	SCOTT LYNCH	Date	08/01/2017