MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl

DBA Name	Kwikkutz Landscaping LLC				egal Name					
Type of Business	Landscaping / fence construc			tionTax ID		45473576	454735765		Corp	
Full Business Addre	:SS	9317 oa	k hills dr							
Full Billing Address										
Phone at Location		(254) 2	95-6988			Best Phone (25	4) 295-6988	_ Fax		
Business Email		kwikkut	z@yahoo.c	om		Website	Kwikkutz.	us		
Years In Business		7		verage Tic	ket		Gross Anni	ual Sales	380,000.00	
Do you currently ha	ave cash	advance?	· •	No V	With who? _			Bala	nce	
Current Credit Card	d Processo	or	-			Averag	e Processing '	Volume		
Last Month Vol.			#of Ticket	.s		2nd Month Vol		#of T	ickets	
3rd Month Vol.			#of Ticket	.s		4th Month Vol.		#of T	ickets	
Owner #1 Name	Robert Re	ector			Title	Presiden	t			
Date of Birth	04-27#19				SSN					
Full Home Address	9317 oak									
Home Phone	(254) 295	5-6988	Cell Pho	ne	(254) 295-6		kwi	kkutz@yahoo.c	om	
Own/Rent	\$ 0 Own	1	—— Years T	here 6	D	rivers Lience #	 18517593	State	Texas	
			_							
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Pho	one		Email				
Own/Rent	\$		_ Years T	here	D	rivers Lience #		State		
Business Home Bas	sed?	No	Location: L	_ease/Own	Leased	Lease Te	erm	Mont	hly Rent	
Landlord / Mortgage	e Co					Con	tact			
Contact Phone	_			Cel	l <u> </u>		En	nail		
Bank Name/Branch	Texell fo	ederal cr	edit	Contact			Phone	(254) 78	3-1604	
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	true and unde	rstand that m	aking false sta	tements might be co	onsidered fraud. B	y providing the al	oove information, t	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	Robert Rector	Date	04/12/2017
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