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

DBA Name Lewis & Ark Builders				Legal Name			Lewis Interiors						
Type of Business 1			Tax ID		4	47-4948057				LLC			
Full Business Addre	SS	204 N E	isenhow	er Drive									
Full Billing Address													
Phone at Location		(304) 7	19-728	8		Best	Phone <u>(304</u>	4) 71	L9-7288	Fax			
Business Email		lewisin	teriorsw	v@yahoo.co	m	V	Vebsite	w	ww.lewis-ark	.com			
Years In Business		1		Average	Tick	cet		Gr	ross Annual S	ales <u>35</u>	50,000.00	)	
Do you currently ha	ave cash	advance?	?	Yes	W	ith who? Frog I	unding			Baland	ce <u>6255.</u> 0	00	
Current Credit Card	d Process	sor					Average	e Pro	cessing Volu	me .			
Last Month Vol.			#of Ti	ckets		2nd	Month Vol.			#of Tic	kets		
3rd Month Vol.			#of Ti	ckets _		4th	Month Vol.	_		#of Tic	kets		
Owner #1 Name	April Lev	wis				Title	President	t of Sa	ales and Desig	า			
Date of Birth	01/02/1	973			_	SSN	235-31-74	400					
Full Home Address	216 Ech	o Hill Rd											
Home Phone	(304) 71	19-7288	Cel	l Phone		(304) 719-7288	Email		lewisinte	eriorswv@ya	hoo.com		
Own/Rent	\$ <u>0 Ow</u>	/n	Ye	ars There	304	7197288 Drivers	Lience # E	E593	109	State	West V	/irginia	
Owner #2 Name	Raymon	nd King				Title	President	t of C	onstruction				
Date of Birth						SSN	234-31-5	795					
Full Home Address	140 Pint												
Home Phone	(304) 89	90-5416	Cel	I Phone	_		Email —		rking@le	wis-ark.com	1		
Own/Rent	\$ Own		_ Ye	ars There	6	Drivers	Lience # E	E6796	698	_State	West V	/irginia	
Business Home Bas	ed?	No	Locatio	on: Lease/O	wn	Leased	_Lease Ter	rm	0	Monthly	y Rent	650.00	
Landlord / Mortgage	e Co.	Lease WV					Cont	tact	<u>.</u>	Chipley Chi	ropractri	С	
Contact Phone	-	(304) 252	-0255		Cell				Email				
Bank Name/Branch	City N	ational Ba	nk	Conta	ct	Shannon Spi	cer		Phone	(304) 255-	6382		
Trade Reference#1				 Conta	ct				Phone				
Trade Reference#2				 Conta	ct				Phone				
Trade Reference#3				Conta	ct				Phone				
I hereby represent that all authorize you to whom thi will provide financial state authorize Money Works Di	s application	on is made o c returns, etc	r your age as you d	ents to investiga leem necessary	ite m	y/our financial resp hotocopy of this a	onsibility and outlined will the second contraction will be second contraction will be second contraction.	credit	t worthiness, spe deemed as accer	cifically principotable for release	pal and corp ase of cred	porate enti it informati	ties, and ion. I/We

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	April Lewis	Date	10/27/2016	
			_		