MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DDA Nama	Chaola	v Architocto	1.4	and Names	Chaplay Archit	acta Inc	
DBA Name				egal Name	Sheeley Architects, Inc.		
Type of Business				ax ID	65-0386130		Corp
Full Business Addre	ss <u>8200 Co</u>	ollege Parkway, Suit	e 101				
Full Billing Address	(222)		_			_ (222)	
Phone at Location	- 	(239) 482-2121		Best Phone (239)	850-1440	Fax <u>(239)</u>	482-2121
Business Email	mike@	sheeleyarchitects.c	om	Website			
Years In Business	25	Average	Ticket		Gross Annual S	ales <u>1,200,000</u>	0.00
Do you currently ha	ave cash advance	? Yes	With who? F	ox Funding, Strat	egic Funding	Balance \$8,0	00; \$10,000
Current Credit Card	l Processor			Average	Processing Volur	me	
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets _		4th Month Vol.		#of Tickets	
Owner #1 Name	Michael Sheeley		Title	President			
Date of Birth	09/23/1955		SSN		 86		
Full Home Address		ood Court, Fort Myers,					
Home Phone	(239) 850-1440	Cell Phone	(239) 850-1	.440 Email	mike@sh	neeleyarchitects.com	<u> </u>
Own/Rent	\$ 0 Own	Years There	13 D	rivers Lience # S4	 100551554340	State FL	
				_			
Owner #2 Name			Title	_			
Owner #2 Name Date of Birth			Title				
Date of Birth		Cell Phone					
Date of Birth Full Home Address	\$	Cell Phone Years There	SSN			State	
Date of Birth Full Home Address Home Phone				Email rivers Lience #	n <u>1 year</u>	StateMonthly Rent	3,200.00
Date of Birth Full Home Address Home Phone Own/Rent	ed? No	Years There		Email rivers Lience #			
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	ed? No	Years There Location: Lease/O		Email rivers Lience # Lease Tern		Monthly Rent	
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	ed? No Co. The Birch	Years There Location: Lease/O	wn Leased	Email rivers Lience # Lease Tern Conta	ct <u>I</u>	Monthly Rent	
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	ed? No Property Co. The Birch Regions College	Years There Location: Lease/Or Companies	wn Leased Cell Kim Hal Francois	Email rivers Lience # Lease Tern Conta	ct <u>1</u> Email	Monthly Rent om Birch 239-410	
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	ed? No The Birch Regions College Maastricht Engi	Years There Location: Lease/Or Companies	mn Leased Cell Ct Kim Hal Francois	Email rivers Lience # Lease Tern Conta I, Sherwin S astricht, PE	ct <u>I</u> EmailPhone	Monthly Rent om Birch 239-410 (239) 482-1577	
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	ed? No The Birch Regions College Maastricht Engi	Years There Location: Lease/Or Companies PArkway Containeering Containeering	Cell	Email rivers Lience # Lease Tern Conta I, Sherwin S astricht, PE	ct <u>I</u> Email Phone Phone	Monthly Rent om Birch 239-410 (239) 482-1577	

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	Michael Sheeley	Date	12/14/2017