

DBA Name		A&M Aggred	gate Transpoi	t LLC	Leo	gal Name	A&M Aggregate 1	ransport LLC		
Type of Business		Tranportation			Tax ID		81-1893531		LLC	
Full Business Address 1901 Appaloosa Mill Circle Buford Ga 30519										
Full Billing Address						-				
Phone at Location (888) 718-		-3930		В	est Phone		Fax			
Business Email		arobinson@	amaggregate	transport.cor	n		 Amaggregatetra	nsport.com		
Years In Business		1	Averag	e Ticket	_		Gross Annual Sale	es 225,000.00		
Do you currently h	ave cash a	advance?	– No	With who	?			Balance		
Current Credit Card Processor					Average	Processing Volume	<u> </u>			
Last Month Vol.		#o	f Tickets		_ 2	2nd Month Vol.		#of Tickets		
3rd Month Vol.		<u></u> #0	f Tickets		_ 4	4th Month Vol.		#of Tickets		
Owner #1 Name	Alecious F	Robinson			itle	Owner				
Date of Birth	12-07-76				SN					
Full Home Address	1901 Appaloosa Mill Circle Buford Ga 30519									
Home Phone	(470) 209		Cell Phone	(470) 20		<del></del>		amaggregatetrans	oort.com	
Own/Rent	\$ <u>0 Own</u>		Years There	4	_Dri	vers Lience # 05	55189934 S	tate <u>Ga</u>		
Owner #2 Name				-	itle					
Date of Birth					SN					
Full Home Address						_				
Home Phone	-		Cell Phone			Email				
Own/Rent	\$		Years There		Dri	vers Lience #	S	tate		
						_				
Business Home Bas	sed?	Yes Loc	ation: Lease/	Own <u>Own</u>	ed	Lease Terr	n	_Monthly Rent		
Landlord / Mortgag	e Co				_	Conta				
Contact Phone	_			Cell			Email			
Bank Name/Branch	Bank of	America	Con	tact			Phone			
Trade Reference#1	360 Fina	ance	 Con	tact			Phone			
Trade Reference#2			Con	tact			Phone			
Trade Reference#3			Con	tact			Phone			
I hereby represent that all	the above in	formation is true	and understand t	hat making false	state	ements might be cons	sidered fraud. By providi	ng the above information	on, 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 Print	ted Name Ale	ecious Robinson [	Date	12/13/2016
-------------------	--------------	-------------------	------	------------