

DBA Name	Transport safety lane		Legal Name	Transport saftey lane inc	
Type of Business	Commercial vehicle inspection center		Tax ID	811379510	Corp
Full Business Address	25123 s chicago rd				
Full Billing Address					
Phone at Location	(815) 727-1300		Best Phone		Fax
Business Email			Website		
Years In Business	30	Average Ticket		Gross Annual Sales	200,000.00
Do you currently have cash advance?	Yes	With who?	Elevate funding	Balance	\$3000.00
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Michael Parks		Title	President	
Date of Birth	03-28-1975		SSN	338-70-6865	
Full Home Address	25123 s chicago rd				
Home Phone	(815) 727-1300	Cell Phone	(815) 379-9057	Email	transportsafetylane@gmail.com
Own/Rent	\$ 0 Own	Years There	21	Drivers Lience #	P62055975089
				State	Il
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	6 months	Monthly Rent	1,000.00
Landlord / Mortgage Co.	Michael parks			Contact	8153709057		
Contact Phone		Cell		Email			

Bank Name/Branch	Bmo harris	Contact		Phone	
Trade Reference#1	Baltas trucking	Contact		Phone	(815) 651-7915
Trade Reference#2	Scotts lawncare	Contact		Phone	(815) 722-3490
Trade Reference#3	Jims trucking	Contact		Phone	(708) 567-8900

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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 Parks	Date	08/08/2016
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