Money Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name		Pro Plumbi	ng Company		Lega	l Name	Pro Plu	umbing	
Type of Business		Plumbing Repair			Tax ID			260661163	
Full Business Addre	SS	2127 W Pen							Corp
Full Billing Address	33		TIDIORC / TO						
Phone at Location		(757) 265-	3830		Best	t Phone(757) 273-55	49 Fax	
Business Email		contact.prosplumbing@gmail.com					www.proplumbingcompany.org		
Years In Business		10 Average Ticket			_		Gross Annual Sales 300,000.00)
Do you currently ha	ave cash :		No	With wh					
			NO	VVICII VVII	·				
Current Credit Card	Processo					_	Processi	ng Volume	
Last Month Vol.		#	of Tickets		2n	id Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4t	h Month Vol.		#of Tickets	
Owner #1 Name	Kenny Sc	ott			Title	owner			
Date of Birth	10-26-19				SSN	223-02-21	.29		
Full Home Address	105 Gree	nwell Drive							
Home Phone	(757) 273	3-5549	Cell Phone			Email		contact.prosplumbing@gmail.d	com
Own/Rent	\$ 0 Ren	t	Years There	8	Drive	ers Lience # T	60394187	State <u>Va</u>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email	-		
Own/Rent	\$		Years There		Drive	rs Lience #		State	
Business Home Bas	ed?	No Lo	cation: Lease/C)wn Lea	sed	Lease Teri	m 2 y	yr Monthly Rent	575.00
	-		cationi Lease, e					7572470494	
Landlord / Mortgage	e Co. <u>G</u>	E Gaynor			_	Conta	act	7572470494	
Contact Phone	_			Cell	ē		_	Email	
Bank Name/Branch			Conta	act			Pho	one	
Trade Reference#1			Conta	act			— Pho	one	
Trade Reference#2			 Conta	act			— Pho	one	
Trade Reference#3			 Conta	-				one	
							_	-	

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	Kenny Scott	Date	06/28/2017
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