MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve
The state of the s	Sales Rep: Steve

DBA Name	Gilje Carriers		Legal Name		Gilje Carriers				
Type of Business		auto transport		Tax ID		47-3854353		LLC	
Full Business Addre	SS	4705 wes	t Cepa lar	ne					
Full Billing Address									
Phone at Location		(520) 40	0-5575			Best Phone		Fax	
Business Email		giljecarri	ers@hotn	nail.com		Website			
Years In Business	,	7		Average Tick	cet		Gross Annual	Sales <u>150,000.00</u>	
Do you currently ha	ave cash a	dvance?		No W	ith who? _			Balance	
Current Credit Card	l Processo	r				Average	Processing Vol	ume	
Last Month Vol.			#of Ticke	ts		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	Walter Gil	-			Title	president	40		
Date of Birth	02-01-197				SSN	765-05-26	42		
Full Home Address		t cepa lane							
Home Phone	(520) 400		Cell Ph	_		Email		rriers@hotmail.com	
Own/Rent	\$ <u>0 Own</u>		Years ⁻	There <u>7</u>	D	rivers Lience # D	01414864	StateAZ	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					55.1				
Home Phone			Cell Ph	one		Email			
Own/Rent	\$		— Years ⁻	– There	D	rivers Lience #		State	
						_			
Business Home Bas	ed?	No L	ocation:	Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co					Conta	ct		
Contact Phone	_			Cell	_		Email		
Bank Name/Branch	Bank of	America		Contact	Suzzane		Phone	(520) 572-7530	
Trade Reference#1	Best Aut	to Salvage	2	Contact	Steve		Phone	(520) 307-1051	
Trade Reference#2	Wheel k	inetics		Contact	Jason		Phone	(520) 307-7428	
Trade Reference#3	Az cycle	parts		Contact	Terry		– Phone	(623) 340-8570	
I hereby represent that all t	the above inf	ormation is t	rue and unde	erstand that ma	king false stat	ements might be cons	sidered fraud. By pr	oviding 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 !/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. !/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	Walter Gilje	Date	11/09/2017