Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name		Curated		l e	gal Name	Curated		
Type of Business		Retail			x ID	462655208		Corp
Full Business Addre	icc	245 E Trinity	DI .		X 1D	102033200		Согр
Full Billing Address	.33	2 13 L Trillicy	11					
Phone at Location		(404) 445-5130		F	Best Phone		Fax	
Business Email		goodbuys88@gmail.com			Website			
Years In Business		3 Average Tic		cket		Gross Annual Sales 320,000.00		
Do you currently ha	avo cach s		_	With who?			Balance	
			INO	WILLI WILO! _				
Current Credit Card	d Processo	or			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	penny jac	ckson		Title	Owner			
Date of Birth	11-05-198	88		SSN	587-63-06	48		
Full Home Address	245 E Trir	nity Pl						
Home Phone	(404) 445	5-5130	Cell Phone		Email	goodbuys	s88@gmail.com	
Own/Rent	\$ 0 Rent Years There		Dr	rivers Lience #	State		<u> </u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				_				
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There _	Dr	rivers Lience #		_State	
Business Home Bas	sed?	Yes Loca	ation: Lease/Owr	n Leased	Lease Terr	n	Monthly Rent	
			zcioni. Lease, o wi			-		<del></del> -
Landlord / Mortgage	e Co				Conta	_		
Contact Phone	_		Ce	ell		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			– Phone		
Trade Reference#2			 Contact	<del></del>		Phone		,
Trade Reference#3			 Contact			– Phone		
I haraby raprocent that all	the above in	formation is true	and understand that r	naking falso stat	omants might be sens	idered fraud. By provi	ding the above information t	ho 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	Printed Name	penny jackson	Date	05/24/2017