MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VIOLES	Sales Rep: Kevin

DBA Name		niasexpr	ess		Le	egal Nar	me	nia	s express			
Type of Business		gas stsh	en		Ta	ax ID		26-	410-5524			Sole Prop
Full Business Addre	SS	905 s bro	dway									
Full Billing Address												
Phone at Location		(662) 33	2-9171			Best Pho	one <u>(40</u> 4	4) 519-	-2404	Fax		
Business Email						Wel	bsite					
Years In Business		7		Average Ti	cket			Gros	ss Annual S	ales	35,000.00	
Do you currently ha	ave cash	advance?	1	No	With who? _					Bala	ance	
Current Credit Card	d Processo	or				_	Average	e Proce	essing Volur	ne		
Last Month Vol.			#of Ticke	ts		2nd Mo	onth Vol.			#of 7	Tickets	
3rd Month Vol.			#of Ticke	ts		4th Mo	onth Vol.			#of 7	Tickets	
Owner #1 Name	abdulhak	im ahmed			Title	: -	owner					
Date of Birth	0214197	5			SSN	_	259-75-2	255				
Full Home Address	1745 star	grass dr										
Home Phone	(404) 519	9-2404	Cell Pho	one	(404) 519-2	2404	Email		hakim6@	excite.co	om	
Own/Rent	\$ <u>0 Owr</u>	1	Years 7	There 3	D	rivers Lie	ence #	039430	819	_State	ga	
Owner #2 Name					Title -	-						
Date of Birth					SSN -	-						
Full Home Address			C-II Di-				F !!					
Home Phone			Cell Pho				Email					
Own/Rent	\$		Years 7	There	D	rivers Lie	ence # 			_State		
Business Home Bas	ed?	No L	_ocation: I	Lease/Owr	Owned	L	ease Ter	rm	_	Mont	hly Rent	
Landlord / Mortgage	e Co						Cont	tact	_			
Contact Phone				Ce	II _				Email	_		
Bank Name/Branch	regonse	9		Contact					Phone			
Trade Reference#1				Contact					Phone –			
Trade Reference#2				Contact					Phone –			
Trade Reference#3				Contact					Phone –			
I hereby represent that all		£			naking false sta				- D	i di a a dia a a		

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	abdulhakim ahmed	Date	08/15/2017