MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO:
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DBA Name		Mccoys	Logistics o	f Milwaukee	LLC Le	gal Name	Mccoys Logi	stics of Milwaukee Ilc	
Type of Business		Transpo	rtation		Ta	ax ID	87-0730521	·	Corp
Full Business Addre	SS	3300 w.	Florist Ave						
Full Billing Address		-							
Phone at Location		(414) 63	16-1726		E	Best Phone (414) 331-4945	Fax	
Business Email						Website			
Years In Business		1		Average Ticl	ket		Gross Annua	l Sales <u>145,000.00</u>	
Do you currently ha	ave cash	advance?	1	No W	/ith who? _			Balance	
Current Credit Card	d Processo	or				Average	Processing Vo	lume	
Last Month Vol.			#of Ticket	ts		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	Kristin Re	ams			Title	owner			
Date of Birth	07111988			-	SSN	395-02-99	935		
Full Home Address			wauke wi 53	R216	3314				
Home Phone	(414) 331		Cell Pho			 Email	kristir	n.reams@yahoo.com	
Own/Rent	\$ 0 Own		— Years 1	-	D	rivers Lience #		State	
•			_			_			
Owner #2 Name	Gregory I	Мссоу			Title	owner			
Date of Birth					SSN	388-04-74	132		
Full Home Address	3300 w fl	orist ave m	nilwaukee wi	53209					
Home Phone			Cell Pho	one _		Email			
Own/Rent	\$ Own		Years 7	here	D	rivers Lience # _		State	
Business Home Bas	ed?	No	Location: I	_ease/Own	Leased	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	 e Co					 Conta	act		
Contact Phone	_			Cell			Ema	il	
Bank Name/Branch	Wells Fa	argo		Contact	Rashad		Phone	(414) 224-4335	
Trade Reference#1				Contact	•		— Phone		
Trade Reference#2	-			Contact			— Phone		
Trade Reference#3				Contact			— Phone		
I haraby raprocent that all	the above in	formation is	turn and roads	wata nd that ma	leine folge stat	romanta miaht ha can	sidered froud. Dur	araviding the above information	an 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. 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Kristin Reams	Date	09/19/2016