	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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Type of Business Address Full Billing Address Full Home Address Full Ho	DBA Name	Same		Legal	Name	Patrick G. Jone	es, Inc.	
Phone at Location	Type of Business	Construction	n	Tax I	D	92-0185286		Corp
Phone at Location	Full Business Addre	ss <u>861 Washing</u>	ton Avenue, Sui	te 252				
Business Email patrick@pgjonesinc.com Website www.pgjones.com Years In Business 29 Average Ticket Gross Annual Sales 700,000.00 Do you currently have cash advance? No With who? Balance Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name Patrick Jones Title President Date of Birth 01-08-1962 SSN 216-74-6847 Full Home Address 25165 Lovers Lane Home Phone (410) 778-4179 Cell Phone (410) 708-0648 Email patrick@pgjonesinc.com Own/Rent \$0.0 wn Years There 22 years Drivers Lience # J-520676288025 State Maryland Owner #2 Name Title Date of Birth SSN Owner #2 Name Cell Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? Yes Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Peoples Bank Contact Tad Wheatley Contact Phone (410) 778-3500 Cell Email Bank Name/Branch Chesapeak Bank & Trust Contact Rob Thompson Phone (410) 778-0900	Full Billing Address							
Years In Business 29 Average Ticket Gross Annual Sales 700,000.00 Do you currently have cash advance? No With who? Balance Current Credit Card Processor 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 Patrick Jones Title President Date of Birth 01-08-1962 SSN 216-74-6847 Full Home Address 25165 Lovers Lane #of Tickets #of Tickets Home Phone (410) 778-4179 Cell Phone (410) 708-0648 Email patrick@pgjonesinc.com Own/Rent \$ 0 Own Years There 22 years Drivers Lience # } J-520676288025 State Maryland Owner #2 Name Title SSN Full Home Address Home Phone Cell Phone Email Maryland SSN Full Home Address Home Phone Cell Phone Email <	Phone at Location	(410) 708-0	648	Bes	Phone (410)	708-0648	Fax	
Do you currently have cash advance? No With who?	Business Email	patrick@pgj	onesinc.com		Website	www.pgjones	.com	
Current Credit Card Processor 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 Patrick Jones Titlle President Date of Birth 01-08-1962 SSN 216-74-6847 Full Home Address Home Phone (410) 778-4179 Cell Phone Cell Phone Patrick Poly Pairs Lience # J-520676288025 State Maryland Own/Rent \$ 0 wm Years There Years There Pairs Lience # J-520676288025 State Maryland Own/Rent Cell Phone Email SSN Full Home Address Home Phone Cell Phone Email SSN State Own/Rent Years There Drivers Lience # Drivers Lience # State State Business Home Based? Yes Location: Lease/Own Drivers Lience # Drivers Lience # State State Business Home Based? Yes Location: Lease/Own Drivers Lience # Email Drivers Lience # State Monthly Rent Landlord / Mortgage Co. Peoples Bank (410) 778-3500 Cell Endone Center Rob Thompson Phone (410) 648-5822 Bank Name/Branch Chesapeak Bank & Trust Contact Steve Phone (41	Years In Business	29	Average T	icket		Gross Annual S	Sales <u>700,000.00</u>	
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Trade Reference#2 Gilliespie & Son, Inc. Contact Jim Phone (410) 778-0900	Bank Name/Branch	· · · · · · · · · · · · · · · · · · ·	rust Conta	ct Rob Thom	pson	Phone	(410) 778-1600	
	Trade Reference#1	Mackie's Home Cente	er Conta	ct Steve		— Phone	(410) 648-5822	
Trade Reference#3 Friel Lumber Co. Contact Wayne Phone (410) 827-8811	Trade Reference#2	Gilliespie & Son, Inc.	 Conta	ct Jim		— Phone	(410) 778-0900	
	Trade Reference#3	Friel Lumber Co.	Conta	ct Wayne		Phone	(410) 827-8811	

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	Patrick Jones	Date	01/06/2017