MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DDA N		Manage	- 6	: IIC		1.51		Manaria Cana			
DBA Name			s Consult			.egal Na	me	Marquis Cons	uiting, LLC	•	
Type of Business		Financial and Accounting			1	Tax ID		51-0425776			LLC
Full Business Addre	SS	28 Field	lstone Dr.								
Full Billing Address											
Phone at Location		(508) 240-1254				Best Phone (617)			Fax	-	57-2718
Business Email		Kelly@MarquisConsulting.net			<u>t </u>	Website		www.marquisconsulting.net			
Years In Business		15		Average Ti	cket _			Gross Annual	Sales 4	150,000.00	
Do you currently ha	ave cash	advance [*]	?	No	With who?				Bala	nce	
Current Credit Card	d Processo	or				_	Average	Processing Volu	ime		
Last Month Vol.			#of Tic	kets		2nd M	onth Vol.		#of T	ickets _	
3rd Month Vol.			#of Tic	kets		4th M	onth Vol.		#of T	ickets _	
Owner #1 Name	Kimberly	Kitts			Title	e	President/0	Owner			
Date of Birth	07/18/19				- SSN	N	045-70-01	19			
Full Home Address	48 Quans	et Road			_						
Home Phone	(617) 407	7-2718	Cell I	Phone	(617) 407-2	2718	Email	kimberl	ykitts@aol.	com	
Own/Rent	\$ 0 Own	1	—— Year	rs There 19	9 [Drivers Li	ience # S4	49080406	State	MA	
			_								
Owner #2 Name					Title	e					
Date of Birth					SSN	N					
Full Home Address					_						
Home Phone			Cell I	Phone			Email				
Own/Rent	\$		Year	rs There	[Drivers Li	ience #		State		
Business Home Bas	ed?	No	Location	n: Lease/Owr	owned	lt	Lease Terr	n	Month	nly Rent	
Landlord / Mortgage	e Co						Conta	ct			
Contact Phone	_			_ Ce	·II			Email			
Bank Name/Branch	Main St 02653	, Orleans	s MA	Contact	Joy Fat Manag	ust, Brai jer	nch	Phone	(508) 25	55-0320	
Trade Reference#1				 Contact	t			Phone			
Trade Reference#2				— Contact	t			— Phone			
Trade Reference#3				— Contact	t			Phone			

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	Kimberly Kitts	Date	08/08/2017
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