Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646	.417.5809
---	-----------

DBA Name	LJM Log	istics USA, Inc	Le	gal Name	LJM Logistics	USA, Inc	
Type of Business	Freight	Forwarding	Ta	x ID	82-1935245		Corp
Full Business Addre	ss <u>31811 Pa</u>	acific Highway S, B-18	4, Federal W	Vay, WA 98003			
Full Billing Address							
Phone at Location	(206) 6	73-3007	В	Sest Phone (206) 518-7066	Fax	
Business Email	mpede	rson@gmail.com		Website			
Years In Business	3	Average Tic	ket		Gross Annual	Sales <u>800,000.00</u>	
Do you currently ha	ave cash advance?	No N	With who? _			Balance	
Current Credit Card	l Processor			Average	Processing Volu	ume	
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Mark Pederson		Title	President/	CEO		
Date of Birth	07-07-1957		SSN	532-62-96	81		
Full Home Address	28720 18th Ave S,	Z-202, Federal Way, WA	98003				
Home Phone	(206) 673-3007	Cell Phone		Email	6451@	gmail.com	
Own/Rent	\$ 0 Rent	Years There 1.5	Dr	rivers Lience # P	EDERML431MG	State WA	
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	ed? Yes	Location: Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co			Conta	act		
Contact Phone		Cel	ı <u> </u>		Email		
Bank Name/Branch	BofA	Contact	Jiji		Phone	(206) 212-9961	
Trade Reference#1		Contact			— Phone		
Trade Reference#2		Contact			— Phone		
Trade Reference#3		Contact			— 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	Mark Pederson	Date	11/12/2019
-------------	--------------	---------------	------	------------