

DBA Name		Skyviev	v Auto Sal	es	14	egal Name		Skyview Auto	Sales		
Type of Business		Auto sales				Tax ID		231-43-3580		Sole Prop	
Full Business Addre	cc	-	uth Bosto	n Hwy	·`	ux ib					3016 1 100
Full Billing Address	.55	333130	acii Bosco								
Phone at Location		(434) 8	35-2913		-	Best Phone(	(434) 7	728-1655	Fax	(434) 83	5-2914
Business Email		skyviewautosales@gmail.com			Website			skyviewautosales.com			
Years In Business		1		Average Ticl	ket			Gross Annual	Sales	350,000.00	
Do you currently ha	ave cash	advance?	<u> </u>	Yes W	/ith who?				Bal	ance 9000.00	
Current Credit Card	d Process	or				Ave	rage P	rocessing Vol	- ume		_
Last Month Vol.			#of Tick	ets		– 2nd Month	Vol.		#of	Tickets	
3rd Month Vol.			#of Tick			4th Month \			- #of	– Tickets	
Stational von									- "0"		
Owner #1 Name	Joseph O	wen			Title	e Owne	er				
Date of Birth	11/27/1974				SSN	231-4	231-43-3580				
Full Home Address	1922 Bai	rker Rd									
Home Phone	(434) 83	5-2913	Cell P	hone	(434) 728-1	1655 Emai	I	skyvie	wautosales	@gmail.com	
Own/Rent	\$ <u>0 Ow</u>	n	Years	There 4	D	Drivers Lience	# <u>T23</u>	3939349	State	Virginia	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell P	hone -		Emai	I				
Own/Rent	\$		_ Years	There	D	Privers Lience	#		State		
Business Home Bas	ed?	No	Location	Lease/Own	Leased	l Lease	Term		Mon	thly Rent	
Landlord / Mortgage	e Co. <u>/</u>	Audrey Mo	)SS				Contac	t	Donna M	lOss	
Contact Phone	<u>(</u>	434) 791-	-4000	Cell	<u>(</u> 4	134) 489-535	50	Email	_		
Bank Name/Branch	Virginia	a Bank &	Trust	Contact	Eddie H	ite		Phone	(434) 79	93-6411	
Trade Reference#1 Loan Officer			Contact	Stuart V	Stuart White		Phone	(434) 83	434) 836-2640		
Trade Reference#2	2 Parts sales			- Contact	M H Elliott			- Phone	(434) 728-0100		
Trade Reference#3	auto sa	ales whole	saler	Contact	Connan	George		- Phone	(434) 79	92-2793	
I hereby represent that all	the above in	nformation is	true and un	derstand that ma	king false sta	atements might h	ne consid	dered fraud. By pr	oviding the a	above information	. 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 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	Joseph Owen	Date	10/21/2016
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