| Money Works Direct ADMINISTRATIVE FORI | M PLEASE FAX TO:1.646.417.5809 |
|--|--------------------------------|
|--|--------------------------------|

| DBA Name             | Piedm            | ont Solutions Inc    |            | l ega       | l Name          | Piedmont Solution | ons Inc.      |      |
|----------------------|------------------|----------------------|------------|-------------|-----------------|-------------------|---------------|------|
| Type of Business     |                  | porttion             | •          | Tax l       |                 | 47-5073904        | ms mer        | Corp |
| Full Business Addre  |                  | Winter Hazel Rd.     | Charlotte  |             | -               | 17 3073301        |               | Согр |
| Full Billing Address | 33 13207         | vinter riazer ita.   | Charlotte, | 140 20270   |                 |                   |               |      |
| Phone at Location    | (704)            | 492-3092             |            | Res         | t Phone (704)   | 492-3092          | Fax           |      |
| Business Email       |                  | ontsi@gmail.con      | <u> </u>   |             | Website         |                   |               |      |
| Years In Business    | 18               |                      | age Ticket |             | VVCDSICC        | Gross Annual Sale | es 20,000.00  |      |
| Do you currently ha  | -                |                      |            |             |                 |                   | Balance       |      |
|                      |                  | z: NO                | VVICII     | - WIIO:     |                 |                   |               |      |
| Current Credit Card  | 1 Processor      |                      |            |             | _               | Processing Volume |               |      |
| Last Month Vol.      |                  | #of Tickets          |            | 2r          | nd Month Vol.   |                   | #of Tickets   |      |
| 3rd Month Vol.       |                  | #of Tickets          |            | 4t          | h Month Vol.    |                   | #of Tickets   |      |
|                      |                  |                      |            |             |                 |                   |               |      |
| Owner #1 Name        | Cecil Norris     |                      |            | Title       | Owner           |                   |               |      |
| Date of Birth        | 11/28/61         |                      |            | SSN         | 272-66-44       | 28                |               |      |
| Full Home Address    | 13207 Winter Haz | el Rd. Charlotte, No | 28278      |             |                 |                   |               |      |
| Home Phone           | (704) 492-3092   | Cell Phone           | (70        | 4) 492-3092 | 2 Email         | Mrcecilnor        | ris@gmail.com |      |
| Own/Rent             | \$ 0 Rent        | Years There          | 3          | Drive       | ers Lience # 55 | 556996 5          | State NC      |      |
|                      |                  |                      |            |             |                 |                   |               |      |
| Owner #2 Name        |                  |                      |            | Title       |                 |                   |               |      |
| Date of Birth        |                  |                      |            | SSN         |                 |                   |               |      |
| Full Home Address    |                  |                      |            |             |                 |                   |               |      |
| Home Phone           |                  | Cell Phone           |            |             | Email           |                   |               |      |
| Own/Rent             | \$               | Years There          |            | Drive       | ers Lience #    |                   | State         |      |
| Business Home Bas    | ed? No           | Location: Leas       | e/Own      | Leased      | Lease Terr      | n                 | Monthly Rent  |      |
|                      |                  | Location. Leas       | c/OWII     | Leasea      |                 | -                 |               |      |
| Landlord / Mortgage  | e Co             |                      |            |             | Conta           |                   |               |      |
| Contact Phone        |                  |                      | Cell       |             |                 | Email             |               |      |
| Bank Name/Branch     | Bank of Americ   | a Co                 | ntact      |             |                 | Phone             |               |      |
| Trade Reference#1    | Gilco Trucking   | Co                   | ntact –    |             |                 | Phone             |               |      |
| Trade Reference#2    | CNF Trucking     |                      | ntact –    |             |                 | Phone             |               |      |
| Trade Reference#3    |                  | Co                   | ntact _    |             |                 | 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

| Signature#1 | Printed Name | Cecil Norris | Date | 02/11/2018 |
|-------------|--------------|--------------|------|------------|
|             |              |              |      |            |