	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name Hybrid Payroll		rid Payroll Le		egal Name		Ms. Mary Staffing			
Type of Business		Payroll			Ta	ax ID	465281252		LLC
Full Business Addre	:SS	2901 Wal	nut St						
Full Billing Address									
Phone at Location		(720) 63	3-9730		!	Best Phone		Fax	
Business Email						Website			
Years In Business		3 Average Ticl		cket		Gross Annua	00.00		
Do you currently ha	ave cash	advance?		No \	With who? _			Balance	
Current Credit Card	d Process	or			Average Processing Volume				
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	Chamban	Cullings			T;i.i.a	Dunnisland			
Date of Birth	Stephen 0813198				Title)E7		
Full Home Address		ckson St #23	າ າ		SSN	424-55-13	101		
Home Phone	(720) 63		Cell Ph			Email	ctonh	en@msmarystaffing	com
			_		Email		Steph	COIII	
Own/Rent	\$ <u>0 Ren</u>	<u> </u>	Years	Inere	D	rivers Lience # _		State	
Owner #2 Name					Title				
Date of Birth					. SSN				
Full Home Address									
Home Phone			Cell Ph	ione		Email			
Own/Rent	\$		 Years	There	D	rivers Lience #		State	
Pusiness Heme Pas	- ad2	No I	osation	Looso/Own	Loosod	Loose Ter	m 1 voor	Monthly Dor	nt 2,500.00
Business Home Bas				Lease/Own	Leased			Monthly Rer	2,300.00
Landlord / Mortgage	e Co. C	Cultivated S	Synergy			Conta	act		
Contact Phone	_			Cel	_		Ema	il	
Bank Name/Branch	Chase	Bank		Contact			Phone		
Trade Reference#1	Ryan T	atum		Contact			— Phone	(303) 437-9485	
Trade Reference#2	Conner	Lux		Contact			 Phone		
Trade Reference#3				Contact			Phone		
I horoby represent that all	the should be	oformation is t		aratand that w	alvina falsa sta	tamanta miaht ha san	sidorod fraud. By	arouiding the above info	rmation 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	Stephen Sullivan	Date	04/12/2017