

DBA Name	Atlas Dent Removal LLC		Legal Name	Atlas Dent Removal	
Type of Business	Auto Paintless Dent Removal		Tax ID	800453325	LLC
Full Business Address	2880 W Pioneer Parkway, Arlington, TX 76013				
Full Billing Address					
Phone at Location	(405) 881-9906		Best Phone	(405) 881-9906	Fax
Business Email	Atlasdentremoval@gmail.com		Website	Atlasdentremoval.com	
Years In Business	22	Average Ticket		Gross Annual Sales	75,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Lincoln Farrell		Title	Owner	
Date of Birth	03-30-1965		SSN	463-49-4852	
Full Home Address	301 N Walker Ave #12405, Oklahoma City, Ok 73102				
Home Phone	(405) 881-9906	Cell Phone	(405) 881-9906	Email	atlasdentremoval@gmail.com
Own/Rent	\$ 0 Own	Years There	1.5	Drivers Lience #	C083019853
				State	Oklahoma
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	1 year	Monthly Rent	2,800.00
Landlord / Mortgage Co.	Jim McAndrew			Contact	Jim McAndrew		
Contact Phone	(817) 794-5672	Cell		Email			

Bank Name/Branch	Bank of Oklahoma	Contact		Phone	
Trade Reference#1	Todd Riddles	Contact	Todd Riddles	Phone	(405) 826-1733
Trade Reference#2	Jim McAndrews	Contact	Jim McAndrews	Phone	(817) 794-5672
Trade Reference#3	John Riddles	Contact	John Riddles	Phone	(405) 245-7002

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Lincoln Farrell	Date	10/13/2016
-------------	--------------	-----------------	------	------------