

DBA Name		Harvard Inte	rnational Con	sulting, Inc	_Lega	al Name	Harvard Interna	tional Consulting, Inc	
Type of Business		INC			_Tax	ID	47-1529560		Corp
Full Business Addre	SS	190 S LASALI	E SUITE 2100)					
Full Billing Address									
Phone at Location		(925) 548-2580			Best Phone			Fax	
Business Email					_	Website			
Years In Business		2.5	Average	Ticket			Gross Annual Sa	les <u>400,000.00</u>	
Do you currently ha	ave cash a	advance?	No	With who	?			Balance	
Current Credit Card Processor		or				Average F	Processing Volum	ne	
Last Month Vol.		#of	Tickets		_ 2	nd Month Vol.		#of Tickets	
3rd Month Vol.		#o1	Tickets		_ 4	th Month Vol.		#of Tickets	
Owner #1 Name	Arnaud Ta	awuo		Т	itle	President			
Date of Birth	05-28-198	 86		 S	SN	344-11-796	2		
Full Home Address	512 N Mc	clurg ct, 1010							
Home Phone	(925) 548	3-2580	Cell Phone	(925) 54	8-258	0 Email	arnaudtw	@gmail.com	
Own/Rent	\$ 0 Own		Years There	2	Driv	rers Lience # T0	00-0008-6152	State IL	
Owner #2 Name				Т	itle				
Date of Birth				S	SN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		_Driv	ers Lience #		State	-
Business Home Bas	ed?	No Loca	ation: Lease/C)wn <u>Leas</u>	ed	Lease Term	1	Monthly Rent	
Landlord / Mortgage	e Co				_	Contac	:t		
Contact Phone	_			Cell			_ Email		
Bank Name/Branch			Conta	act			Phone		
Trade Reference#1	_		 Conta	act			Phone		
Trade Reference#2			 Conta	act			Phone —		
Trade Reference#3			Conta	act			Phone		-
I hereby represent that all	the above in	formation is true a	and understand th	at making false	staten	nents might he consi	dered fraud. By provid	ding the above information, the	annlicant(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	Arnaud Tawuo	Date	12/07/2016