

DBA Name	A & & TRANSPORT		Legal Name	AQEL& AWAD TRANSPORT INC	
Type of Business	TRANSPORTION		Tax ID	473272429	Corp
Full Business Address	5066 S 14TH ST				
Full Billing Address					
Phone at Location	(646) 258-0549		Best Phone	(646) 258-0549	Fax
Business Email	AQEL602@GMAIL.COM		Website		
Years In Business	2	Average Ticket		Gross Annual Sales	19,000.00
Do you currently have cash advance?	Yes	With who?	NATIONAL FUNDING		Balance 1500
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	HUSAM AQEL		Title	OWNER	
Date of Birth	06-10-1979		SSN	592-71-6354	
Full Home Address	5066 S 14TH ST				
Home Phone	(646) 258-0549	Cell Phone	(646) 258-0549	Email	AQEL602@GMAIL.COM
Own/Rent	\$ 0 Rent	Years There	6462580549	Drivers Lience #	A240330921009
				State	Wisconsin
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	10 Y	Monthly Rent	725.00
Landlord / Mortgage Co.	LANDLORD			Contact	TOM		
Contact Phone	(414) 379-8011	Cell	(414) 379-8011	Email	AQEL602@GMAIL.COM		

Bank Name/Branch	WELLS FARGO	Contact	SEMI	Phone	(414) 482-3801
Trade Reference#1	WELLS FARGO	Contact	SEMI	Phone	(414) 482-3801
Trade Reference#2	NATIONAL FUNDING	Contact	KATIE	Phone	(844) 422-5865
Trade Reference#3		Contact		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 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	HUSAM AQEL	Date	08/03/2016
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