MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
woney works >	Sales Rep: Patrick

DBA Name		IBS			Le	egal N	ame	International B	usiness	Services LLC	
Type of Business		Business Consulting		Т	Tax ID		364842360			LLC	
Full Business Addre	ess	6826 Spri	ngfield Ave S	te 204A							
Full Billing Address											
Phone at Location		(956) 441-1392				Best Phone			Fax		
Business Email		admin@easyibs.net				Website		http://www.easyibs.net			
Years In Business		1	Ave	rage Tick	cet _			Gross Annual S	ales	1,540,000.00	
Do you currently h	ave cash	advance?	No	W	ith who? _				Bal	ance	
Current Credit Card	d Process	or				_	Average	Processing Volu	me		
Last Month Vol.			#of Tickets			2nd	Month Vol.		#of	Tickets	
3rd Month Vol.			#of Tickets			4th	Month Vol.		#of	Tickets	
Owner #1 Name	Silvia Ga	rza			Title	<u> </u>	Owner				
Date of Birth	02/05/19	60			SSN	I	629-23-16	66			
Full Home Address	7902 E C	ountry Drive	e 116								
Home Phone	(956) 442	L-1392	Cell Phone		(832) 790-6	5108	Email	admin@	easyibs.r	net	
Own/Rent	\$ 0 Owr	١	Years The	re <u>2</u>		Privers	Lience # 29	9351081	State	TX	
Owner #2 Name					Title	9					
Date of Birth					SSN	l					
Full Home Address	-										
Home Phone			Cell Phone	_			Email —				
Own/Rent	\$		Years The	re		Privers	Lience #		State		_
Business Home Bas	sed?	No I	_ocation: Lea	se/Own	Leased	l	_Lease Terr	n	Mon	thly Rent	
Landlord / Mortgag	e Co. S	pringfield	Plaza				Conta	ct _	Linda		
Contact Phone	_			Cell	_			Email	_		
Bank Name/Branch	BBVA		(Contact	Custom	er Sei	rvice	Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the above ir	formation is t	rue and understa	and that ma	king false sta	atement	s might be cons	sidered fraud. By pro	viding the	above information, the	e 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	Silvia Garza	Date	05/23/2017