

DBA Name	Southern soul cafe		Legal Name	Primetime	
Type of Business	Restaurant		Tax ID	821339666	LLC
Full Business Address	105 junction dr				
Full Billing Address					
Phone at Location	(804) 299-3141		Best Phone	(804) 300-2189	Fax
Business Email			Website		
Years In Business	2	Average Ticket		Gross Annual Sales	350,000.00
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	Robert Smith		Title	Owner	
Date of Birth	09181980		SSN	231-43-4750	
Full Home Address	610 B st				
Home Phone	(804) 300-2189	Cell Phone	(804) 300-2189	Email	Smith.dominic96@gmail.com
Own/Rent	\$ 0 Own	Years There	9	Drivers Lience #	T67154640
				State	Virginia
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		Monthly Rent	2,600.00
Landlord / Mortgage Co.	Ashland junction lc			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Bb and t	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
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 aboe listed business and business owenet/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 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 informaiton 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	Robert Smith	Date	09/13/2017
-------------	--------------	--------------	------	------------