Money	Morks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Luciano

DBA Name		AntonWest Advertising		Lega	Name	AntonWest, Inc.		
Type of Business		Advertising/Marketing Services		sTax I)	46-2306586		Corp
Full Business Addre	SS	1721 Atlantic B	lvd					
Full Billing Address								
Phone at Location		(904) 701-4140		Best	Phone (404)	783-1111	Fax	
Business Email		jafricks@antonwest.com			Website	www.antonwest.com		
Years In Business		4	Average Tick	cet		Gross Annual S	ales <u>1,100,000</u>	.00
Do you currently ha	ave cash	advance?	Yes W	ith who? OnD	eck		Balance <u>95,00</u>	0
Current Credit Card	d Processo	or			Average	Processing Volur	me	
Last Month Vol.		#of T	ickets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets	4t	n Month Vol.		#of Tickets	
Owner #1 Name	John Frick	«S		Title	President			
Date of Birth	02-16-19	51		SSN	248-90-613	31		
Full Home Address	10175 Bis	shop Lake Rd.						
Home Phone	(404) 783	3-1111 Ce	ll Phone	(404) 783-1111	Email	jafricks@	antonwest.com	
Own/Rent	\$ <u>0 Own</u>	Ye	ears There 2+	Drive	rs Lience # F6	20-461-51-056-0	_StateFL	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone –		Email			
Own/Rent	\$	Y6	ars There	Drive	rs Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Term	າ	Monthly Rent	
Landlord / Mortgage	e Co. <u>T</u>	C Atlantic Blvd			Conta	ct <u>J</u>	ohn Carey	
Contact Phone	<u>(9</u>	904) 610-3200	Cell			_ Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			– Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that ma	king false stateme	nts might be cons	idered fraud. By prov	riding the above informat	ion, the 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	John Fricks	Date	02/23/2017