MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano
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		1001				1001		
DBA Name		1981			gal Name	1981		
Type of Business		HVAC		Ta	x ID	465320592		LLC
Full Business Addre	:SS	6910 Falling W	aters Dr					
Full Billing Address								
Phone at Location		(281) 806-042	2	E	Best Phone		Fax	
Business Email		acman81@gm	nail.com		Website			
Years In Business		7	Average Tic	ket		Gross Annual Sa	ales <u>349,000.00</u>	
Do you currently h	ave cash	advance?	No V	/ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volum	ne	
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	eric alber	rt		Title	president			
Date of Birth	0420198			SSN	453-91-776	 51		
Full Home Address		ling Waters Dr						
Home Phone	(281) 806		II Phone		Email	acman81	@gmail.com	
Own/Rent	\$ 0 Owr	n Ye	ars There 10	Dr	 rivers Lience # 17	 7385885	State TX	
					_			
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	II Phone		Email			
Own/Rent	\$	Y6	ears There	Dr	rivers Lience #		State	
Business Home Bas	sed?	Yes Locati	on: Lease/Own	Owned	Lease Tern	n	Monthly Rent	
Landlord / Mortgag	e Co. <u>o</u>	wn outright			Conta	ct <u>n</u> ,	/a	
Contact Phone			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	nformation is true and	understand that ma	aking false stat	ements might be cons	idered fraud. By provi	ding the above information	n, 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 Na	ame Eric Albert	Date	05/11/2018
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