Money	/Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl	

DBA Name		Dreammaker Med	dia LLC	Lega	l Name	Dreammaker	media Ilc	
Type of Business		Business services		Tax ID 8		812663595		Corp
Full Business Addres	S	1200 n ashland av	/e					
Full Billing Address								
Phone at Location (312) 730-8601		Best Phone		t Phone		Fax <u>(</u> 8	377) 262-8601	
Business Email	Dmmedia@live.co		om		Website			
Years In Business		3 Average Tic		ket		Gross Annual Sales 120,000.0		00.00
Do you currently hav	ve cash a	advance?	No Wi	ith who?			Balance _	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tick	ets	2r	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tick	ets	4t	th Month Vol.		#of Tickets	
Owner #1 Name	Lawrence	Reaves		Title	Cfo			
-	11091976			SSN	350-70-258	18		
_	1117. N n			3314				
-	(312) 730		hone (312) 730-8601	L Email	dmmed	dia@live.com	
Own/Rent	\$ 0 Rent		There 27		ers Lience # R1		State II	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell P	hone		Email			
Own/Rent	\$	Years	There	Drive	ers Lience #		State	
Business Home Base	ed?	No Location	: Lease/Own	Leased	Lease Term	1	Monthly Re	nt
Landlord / Mortgage	Co. Ro	dm			Contac	it	Vilma pagan	
Contact Phone	<u>(3</u>	312) 529-3200	_ Cell	(773) 459-9998	_ Email	vpagan(9rdmhomes.com
Bank Name/Branch	Chase		Contact	Debra		Phone	(773) 384-311	8
Trade Reference#1	Coach p	erformers LLC	Contact	Jermall hav	rey	Phone	(312) 852-100	1
Trade Reference#2	Broker r	resources	Contact	Angela gan	nbino	Phone	(312) 230-736	0
Trade Reference#3	Fico buil	lders llc	- Contact -	Kenneth ki	mbark	Phone	(901) 352-652	4

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	Lawrence Reaves	Date	09/26/2017
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