

DBA Name		Julie Williams Ins	, PLLC Legal Name		Julie Wi	Julie Williams Insurance Agency, PLLC			
Type of Business		Insurance Agency		Tax ID		30-082	30-0827024		LLC
Full Business Addres	SS	322 Main Ave							
Full Billing Address									
Phone at Location		(806) 733-2826		В	Sest Phone (80	6) 733-282	.6	Fax <u>(84</u>	4) 270-8529
Business Email		julie_williams3@	hotmail.com	Website					
Years In Business		19 Average Tio		ket		Gross A	nnual Sale	0.00	
Do you currently ha	ive cash a	advance?	No W	ith who? _				Balance	
Current Credit Card	Processo	or			Averag	e Processir	ng Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.			#of Tick		
3rd Month Vol.	#of Tid		kets		4th Month Vol		#of Tickets		
Owner #1 Name	Neal Willia			Title	Owner				
Date of Birth	11-2-1963			SSN	456-49-	7617			
Full Home Address	405 Coop	er Ave							
Home Phone	(806) 282	(806) 282-3679 Cell Phone			(806) 282-3679 Email Julie_williams3@hotmail.com			om	
Own/Rent	\$ <u>0 Own</u>	n Years There 19			Drivers Lience # 09999521State			State <u>Te</u>	xas
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address					Email				
Home Phone	Cell Phone		Phone -		_				
Own/Rent	\$	Year	rs There	D	rivers Lience #		9	State	
Business Home Base	ed?	No Location	ı: Lease/Own	Owned	Lease Te	rm		Monthly Rent	
Landlord / Mortgage	Co. Fi	irst National Bank			Con	tact	Bre	et Burgin	
Contact Phone	<u>(8</u>	806) 659-5544	_ Cell				Email	bburgin@f	nbspearman.com
Bank Name/Branch	Anchor I	D Bank	Contact	Rowdy S	lavin	Phor	ne (58	30) 423-7541	
Trade Reference#1	Stanfield	d Printing	– Contact	Jeanie		— Phor	ne (80	00) 233-1247	
Trade Reference#2	Windma	ırk Insurance	_ Contact _	Joe Ben (	Chote	Phor	ne (80	06) 773-2620	
Trade Reference#3	Gruver S	State Bank	Contact	Mary Vel	a	Phor	ne (80	06) 733-5061	

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1 Pri	inted Name J	ulie Williams	Date	06/27/2019
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