MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
Wolley Works	Sales Rep: Jolis

DBA Name		duane moore		Le	egal Name	duane and n	naria's cleaning servic	<u>e</u>
Type of Business		janitorial		T	ax ID	252395842		Sole Prop
Full Business Addre	SS	465 wiregrass	st,homerville g	ja				
Full Billing Address		-						
Phone at Location		(912) 487-37	55		Best Phone (229) 630-4377 Fax			
Business Email		duanemoore:	l@windstream.	net	Website			
Years In Business		17	Average T	icket		Gross Annua	Sales <u>140,000.00</u>	1
Do you currently ha	ave cash a	advance?	No	With who?			Balance	
Current Credit Card	l Processo	or				e Processing Vo	lume	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		_ #of Tickets	
Owner #1 Name	duane mo	oore		Title	owner			
Date of Birth	02/04/197	72		SSN	252-39-5	842		
Full Home Address	465 wireg	ras st, homervill	e ga					
Home Phone	(229) 630	-4377 C	ell Phone	(229) 630-4	1377 Email	duane	emoore1@windstream.ne	t
Own/Rent	\$ <u>0 Own</u>	Y	ears There $\frac{1}{2}$	<u> </u>	rivers Lience # (044332014	State ga	
Owner #2 Name				Title				
Date of Birth				– SSN				
Full Home Address				_				
Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There		Privers Lience #		State	
ownyntene	<u> </u>							
Business Home Bas	ed?	Yes Loca	tion: Lease/Ow	n <u>Owned</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>sp</u>	os			Cont	act		
Contact Phone	<u>(8</u>	300) 258-8602	Ce	ell _		Emai	<u> </u>	
Bank Name/Branch	the heri	tage bank	Contact	na		Phone	(912) 487-5355	
Trade Reference#1			 Contact	:		Phone		
Trade Reference#2			 Contact			— Phone		
Trade Reference#3			 Contact	<u> </u>		— Phone		
I hereby represent that all	the above inf	formation is true ar	nd understand that i	making false sta	itements might be co	nsidered fraud. By n	roviding the above informati	on, 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	duane moore	Date	12/30/2016