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MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Anthony

			137 12			1.01	M 1 137	P 1	
DBA Name						egal Name		Maryland Vending, Inc.	
Type of Business			nd Vending		Tā	ax ID	Maryland Ve	ending	Corp
Full Business Addre	:SS	<u>1772 Su</u>	Iphur Sprir	ng Road					
Full Billing Address									
Phone at Location		(410) 5	79-1407		E	Best Phone (443) 691-9001	Fax	
Business Email						Website	www.maryla	ndvending.net	
Years In Business		23		Average Tick	cet		Gross Annua	I Sales <u>400,000.00</u>)
Do you currently ha	ave cash	advance?	?	No W	ith who? _			Balance	
Current Credit Card	d Process	sor				Average	Processing Vo	lume	
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	Iohn Gri	ffith Vande	nberge		Title	Pres.			
Date of Birth	6/22/190		erge		SSN	219-86-76	572		
Full Home Address			e. Ellicott C	ity, MD 21042	55.1				
Home Phone	(443) 69		Cell Ph	•	(443) 691-9	001 Email	iohnn	ybgood246@gmail.com	
Own/Rent	\$ 0 Ow		—— Years	-		rivers Lience # V	 -535-429-288-4		
			_			_		<u> </u>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	none		Email			
Own/Rent	\$		Years	There	D	rivers Lience # _		State	
Business Home Bas	sed?	No	Location:	Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co	Hill Manag	gement			Conta	act	410 666-1000	
Contact Phone	-			Cell			Ema	il	
Bank Name/Branch	PNC EI	licott City	, MD	Contact	Suzanne	e/Ailene	Phone	(410) 465-8979	
Trade Reference#1	Vend (Central		Contact	Wayne/	Amy	 Phone	(410) 536-9988	
Trade Reference#2	Sam"s	Club		Contact	Dotrelle		— Phone	(410) 744-7174	
Trade Reference#3				Contact			— Phone		
I hereby represent that all	the above i	information is	s true and und	lerstand that ma	king false stat	tements might be con	sidered fraud. By n	providing 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	John Vandenberge	Date	09/06/2017