

DBA Name		United People	۵۱۱۲		egal Name	United People LI	ıc	
Type of Business		Transportation			ax ID	27-469-0736		LLC
Full Business Address		204 Chili ave			dx 1D	27 403 0730		LLC
Full Billing Address	:55	204 Cilli ave						
Phone at Location		(585) 530-9990			Best Phone (585	3) 530-9990	Fax	
Business Email		adsimmons1@yahoo.com			Website	www.unitedpeoplellc.com		
Years In Business		7 Average Ticket		ckot		Gross Annual Sales 600,000.00		
		·	_	_				
Do you currently h			No	With who?			Balance	
Current Credit Card Processor		or	Av		_ Average	ge Processing Volume		
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Anthony S			Title –	e owner			
Date of Birth	02/14/19			SSN -	062-56-14	171		
Full Home Address								
Home Phone	(585) 530	)-9990	Cell Phone	(585) 530-9		adsimmon	ns1@yahoo.com	
Own/Rent	\$ <u>0 Own</u>	<u>'</u>	fears There $\frac{10}{2}$	0	Drivers Lience # 5	55654686	State NY	<del></del>
Owner #2 Name				Title	2			
Date of Birth				– SSN				
Full Home Address				_				
Home Phone		(	Cell Phone		Email			
Own/Rent	\$		rears There		Drivers Lience #		State	
		V I			–			
Business Home Bas			tion: Lease/Owr	n <u>Owned</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgag	e Co. <u>K</u>	ey Bank			Conta	ect		
Contact Phone			Ce	ell		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact	<del></del>		— — — Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true a	nd understand that r	making false sta	atements might be con	sidered fraud. By provid	ling the above information,	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	Anthony Simmons	Date	06/13/2018
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