Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name		Flechas Litiga	tion Group	Legal Name		Flechas Litigation Group, PLLC			
Type of Business		PLLC		Tax ID		475372791			LLC
Full Business Addre	ess.	318 South Stat	te Street						
Full Billing Address									
Phone at Location (601) 981-9221			21	Best Phone			Fax	(601) 98	1-9958
Business Email	Business Email edflechas@aol.co		ol.com		Website				
Years In Business		20	Average Tic	ket		Gross Annual S	ales <u>5</u> 5	50,000.00	
Do you currently h	ave cash a	advance?	No \	With who? _			Baland	ce	
Current Credit Card	d Processo	or			Average	Processing Volum	me .		
Last Month Vol.		#of 7	Γickets		2nd Month Vol.		#of Tic	kets _	
3rd Month Vol.		#of]	Tickets		4th Month Vol.		#of Tic	kets _	
Owner #1 Name	Ed Flecha	is		Title -	Member, N	Manager			
Date of Birth	09/30/196	64		SSN	425-13-76	600			
Full Home Address	502 Sioux	k Cove							
Home Phone	(601) 981	L-9221 C	ell Phone	(601) 506-7	423 Email	edflecha	s@aol.com		
Own/Rent	\$ <u>0 Own</u>	<u> </u>	ears There 13	D	rivers Lience # $\frac{4}{}$	27083862	_State	Mississip	oi
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Ce	ell Phone		Email				
Own/Rent	\$	Y	ears There	D	rivers Lience #		_State		
Business Home Bas	sed?	No Locat	ion: Lease/Own	Leased	Lease Terr	m	Monthly	y Rent 1,	500.00
Landlord / Mortgage	e Co. <u>J</u> a	ames Bell			Conta	act _			
Contact Phone	(6	601) 906-9119	Cel	II		Email			
Bank Name/Branch	BankPlu	ıs, Madison, MS	Contact	Gary No	well	Phone			
Trade Reference#1			 Contact			Phone			
Trade Reference#2			 Contact			Phone			
Trade Reference#3			 Contact			Phone			
I hereby represent that all	the above in	formation is true an	d understand that m	aking false stat	tements might he con	sidered fraud. By prov	viding the abov	ve 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	Ed Flechas	Date	05/30/2017