

DBA Name		Transpor	t safety lane inc	Le	Legal Name		Transport safety lane	
Type of Business			cial vehicle safety				81-1379510	
			idon rd joliet, il 60			_		Corp
Full Billing Address								
Phone at Location		(815) 72	7-1300		Best Phone		Fax	
Business Email					Website			
Years In Business		1	Average	Ticket		Gross Annual	Sales <u>190,000</u>	.00
Do you currently h	ave cash a	advance?	Yes	With who? E	Elevate		Balance 200	00.00
Current Credit Card Processo		or			_ Average	Processing Vol	lume	
Last Month Vol.			#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Michael P	arks		Title	President			
Date of Birth	03-28-19	75		— SSN	3387-p-	68		
Full Home Address	25123 s d	:hicago rd						
Home Phone	(815) 370)-9057	Cell Phone	(815) 370-9	057 Email	mwpa	rks28@icloud.com	
Own/Rent	\$ 0 Own	1	Years There	1 D	rivers Lience # _F	P62055975090	State Illin	ois
Owner #2 Name				Title				
Date of Birth	-			SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience # _		State	
Business Home Bas	sed?	No L	Location: Lease/Ov	wn <u>Leased</u>	Lease Ter	m <u>12</u>	Monthly Rent	2,000.00
Landlord / Mortgage	e Co. <u>M</u>	lichael Par	ks		Cont	act	8153709057	
Contact Phone	_			Cell _		Emai	l	
Bank Name/Branch	Bmohar	ris	Conta	ct Manhati	an	Phone		
Trade Reference#1			Conta	ct		Phone		
Trade Reference#2			Conta	ct		 Phone		
Trade Reference#3			Conta	ct		Phone		
I hereby represent that all	the above in	formation is t	rue and understand tha	t making false sta	tements might be cor	nsidered fraud. By p	roviding the above inforr	nation, 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	Michael Parks	Date	05/22/2017