MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Nitelines	SUSA		Le	egal Name	Nitelines US	۹, Inc.		
Type of Business	Government Staffing Contractor			ax ID	593246289			Corp		
Full Business Addre	ess	2180 sate	ellite Blvd	. ste. 400						
Full Billing Address										
Phone at Location		(844) 66	51-9120		E	Best Phone (844	1) 661-9120	Fax	(844)	661-9120
Business Email		HL@nite	linesusa.	com		Website	www.niteline	susa.com		
Years In Business		23		Average Tic	ket		Gross Annual	Sales	3,840,000	.00
Do you currently ha	ave cash	advance?		No V	With who? _			_ Bala	nce	
Current Credit Card	d Process	sor				Average	e Processing Vol	lume		
Last Month Vol.			#of Ticke	ets		2nd Month Vol.	-	#of T	ickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of T	ickets	
Owner #1 Name	Hambrid	: McGlockton	1		Title	President				
Date of Birth	11-16-1				SSN					
Full Home Address		mbria court,	Cummina	GA 30041						
Home Phone	(404) 93		Cell Ph		(404) 932-5	5469 Email	hl@nit	elinesusa.co	om	
Own/Rent	\$ 0 Ow	/n	— Years	There 23	D	rivers Lience # (	 054336996	State	GEOR	GIA
			-			_				
Owner #2 Name					Title	!				
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	ione		Email				
Own/Rent	\$		Years	There	D	rivers Lience #		State		
Business Home Bas	sed?	No	Location:	Lease/Own	Leased	Lease Ter	rm <u>1 year</u>	Montl	hly Rent	1,700.00
Landlord / Mortgage	e Co.	Regus				Cont	act			
Contact Phone	-			Cel	l _		Emai	l		
Bank Name/Branch	Tallaha	assee State	e Bank	Contact	Ms. Beth	nea	Phone	(850) 20	5-5174	
Trade Reference#1	_			Contact			 Phone			
Trade Reference#2	-			Contact			 Phone			
Trade Reference#3				Contact			Phone			
			-	lerstand that m				roviding the al		

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 HL McGlockton Date 01/03/201	Signature#1	Printed Name	HL McGlockton		01/03/2018
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