MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646,417,5809
woney vorks >	Sales Rep: Frank

DBA Name		Bob's Land	scaping LLC		Le	gal Name	Bob's Landscap	ing		_
Type of Business		Lawn Care			Ta:	x ID	746529			LLC
Full Business Addre	ess	123 Main St	Roswell, GA 2	0171						
Full Billing Address										
Phone at Location		(126) 777-	5346		В	est Phone		Fax		
Business Email		-			_	Website				
Years In Business		12	Average	e Ticket			Gross Annual Sa	les	2,300,000.00	
Do you currently h	ave cash a	advance?	No	With wh	no?			Bala	nce	
Current Credit Card	d Processo	or				Average	Processing Volum	е		
Last Month Vol.		#	of Tickets		_ :	2nd Month Vol.		#of T	ickets	
3rd Month Vol.		#0	of Tickets			4th Month Vol.		#of T	ickets	
Owner #1 Name	Bob Jones	;			Title	CEO				
Date of Birth	12-20-19	59			SSN	122-22-22	22			
Full Home Address	124 Main	St Rosswell, C	GA 20171							
Home Phone	(146) 555	5-2371	Cell Phone			Email	bob@yaho	oo.com		
Own/Rent	\$ 0 Own		Years There	12	Dri	ivers Lience #		State		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Dri	ivers Lience #		State		
Business Home Bas	sed?	No Lo	cation: Lease/0	Own Ow	ned	Lease Terr	n	Montl	nly Rent	_
Landlord / Mortgag	e Co				_	Conta	ict			
Contact Phone	_			Cell			Email			
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			 Cont	act			Phone			
Trade Reference#2			Cont	act			Phone			
Trade Reference#3			Cont	act			Phone			
I hereby represent that all	the above in	formation is true	and understand th	nat making fal	se state	ements might be cons	sidered fraud. By provid	ling the al	oove information, the a	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/office (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	Bob Jones	Date	10/18/2016