M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADMINISTRATIVE FORM PLEASE FAX TO:1.646,417,5809
MoneyWorks >>	Sales Rep: Carl

DBA Name		Nalls Automti	ve llc	Led	gal Name	Nalls Automotive	2	
Type of Business		Automotive r	epair		x ID	473674687		LLC
Full Business Addre	:SS	6018	•					
Full Billing Address								
Phone at Location (678) 983-8186		86	Best Phone			Fax		
Business Email		Nallsautomot	ive@gmail.com		Website			
Years In Business		2	Average Tic	ket		Gross Annual Sale	es <u>120,000.00</u>	
Do you currently h	ave cash a	advance?	Yes V	Vith who? Bi	zfi		Balance 3000	
Current Credit Card	d Processo	or			Average	Processing Volume	<u> </u>	
Last Month Vol.		#of	Tickets	<u> </u>	2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Deroy Na	lls		Title	Owner			
Date of Birth	09141984	1		SSN	420-19-99	66		
Full Home Address	6018 Mar	k Trail						
Home Phone	(678) 983	-8186 C	ell Phone		Email	nallsautom	otive@gmail.com	
Own/Rent	\$ 0 Rent	: Y	ears There 7	Dri	ivers Lience # 05	53711325	State Ga	_
Owner #2 Name				Title SSN				
Date of Birth Full Home Address				2211				
Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There	Dri	vers Lience #		State	
								
Business Home Bas	sed?	No Locat	ion: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone	_		Cell			Email		
Bank Name/Branch			Contact			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 ma	aking false state	ements might be cons	sidered fraud. By providi	ng the above information, th	ne 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 Prir	nted Name	Deroy Nalls	Date	01/30/2017
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