	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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551.11		GI :				<u> </u>	61.1.1		
DBA Name		Champion Global			Legal Name		Champion Global Logistics, Inc.		
Type of Business		Freight Forwarder			Tax ID	90-103363	5	Corp	
Full Business Addres	SS	6001 West	gate Blvd. Tacon	na, WA. 9840	16				
Full Billing Address									
Phone at Location		(800) 909-2426			Best Phone (25	3) 380-0160	380-0160 Fax (253) 276-0002		
Business Email		mholmes@championgl.com			Website <u>www.championgl.co</u>		piongl.com		
Years In Business		10 Average Ticket				Gross Annu	al Sales 1	,300,000.00	
Do you currently ha	ive cash a	advance?	Yes	With who?	Caymus Funding Quarterspot, Spa		Balan 	\$50K, \$20K, \$13K, ce \$30K - \$115-125K Total	
Current Credit Card	Processo	or			Averag	je Processing V	olume		
Last Month Vol.			of Tickets		2nd Month Vol	l	#of Ti	ckets	
3rd Month Vol.		7	of Tickets _		4th Month Vol		#of Ti	ckets	
Owner #1 Name	Matthew I			Tit		-			
Date of Birth	06301973			SS	N 571-89-9	9999			
Full Home Address		iftwood Ave							
Home Phone	(253) 380	0-0160	Cell Phone —	(253) 380	-0160 Email	mho	lmes@champio	ngl.com	
Own/Rent	\$ 0 Rent	<u> </u>	Years There	6 MONTHS	Drivers Lience #	HOLMEMJ278LT	State	WA	
Owner #2 Name				Tit	le				
Date of Birth				— SS	N				
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There		Drivers Lience #		State		
Business Home Based	d? N	No Loca	ation: Lease/Own	Leased	Lease Term		Monthly Rent		
Landlord / Mortgage (Co. (QUAN TRUC	NG		 Cor	ntact	- QUAN TRU	ONG	
Contact Phone	-	3) 921-866		(253) 921-8666	Email	QUAN@AM	IERICANCUSTODIAL.COM	
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 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	Matthew Holmes	Date	01/07/2019
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