MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name		ABC CO			Le	egal	Name	abc ir	าต				
Type of Business		sales			Tax ID			123456789				Corp	
Full Business Addre	ess	69 lust lar	ne										
Full Billing Address		_											
Phone at Location		(914) 55	5-5555		E	Best	Phone			Fax			
Business Email						١	Website						
Years In Business		10	Averag	e Ticket				Gross	Annual Sa	les	2,000,0	00.00	
Do you currently h	ave cash a	advance?	No	With wh	no? _					Ва	lance		
Current Credit Card	d Processo	or				_	Average	Process	sing Volum	ie			
Last Month Vol.			#of Tickets			2nd	l Month Vol.			#of	Tickets		
3rd Month Vol.			#of Tickets			4th	Month Vol.			#of	Tickets		
Owner #1 Name	pierre vol	pe			Title		owner						
Date of Birth	12-01-198	·			SSN		123-45-678	89					
Full Home Address	69 loijj												
Home Phone	(646) 722	!-1521	Cell Phone				Email		luciano@r	money	worksdire	ct.com	
Own/Rent	\$ 0 Own	Years There			Drivers Lience #		State						
Owner #2 Name					Title								
Date of Birth	-				SSN								
Full Home Address													
Home Phone			Cell Phone				Email						
Own/Rent	\$		Years There		D	rivers	s Lience #			State			_
Business Home Bas	sed?	No L	ocation: Lease/	Own <u>Lea</u>	ased		Lease Tern	n _		Mor	nthly Rer	nt	
Landlord / Mortgag	e Co						Conta	ict	_				
Contact Phone	_			Cell	_			_	Email	_			
Bank Name/Branch			Cont	tact				Ph	none				
Trade Reference#1			Cont	act				Ph	none				
Trade Reference#2			Cont	act				— Ph	none				
Trade Reference#3			Cont	act				<u> </u>	none				
I hereby represent that all	the above in	formation is tr	ue and understand t	hat making fal	se stat	temer	nts might be cons	sidered fra	aud. By provi	ding the	above info	rmation, the	e 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	pierre volpe	Date	08/24/2016