	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Bolden trucking inc			egal Name	Boldentruckinginc			
Type of Business			<u>.</u>		ax ID	47-2334967			Corp
Full Business Addre	55	1741 mcgee st	-					_	ос. р
Full Billing Address	.55		•						
Phone at Location		(769) 233-044		E	Best Phone (769)) 233-0447	Fax	(769) 5	24-6336
Business Email		Boldentruckinginc@yah						<u> </u>	
Years In Business		28mo	Average Tic			Gross Annual S	ales 179	9,000.00	
Do you currently ha	ave cash a	advance?	No V	— Vith who?			Balance	9	
Current Credit Card				_		Processing Volu			
Last Month Vol.			 Tickets		- 2nd Month Vol.	J	– #of Tick	ets	
	-								
3rd Month Vol.		#01	ickets		4th Month Vol.		#of Tick	ets	
Owner #1 Name	Darrell Bo	olden		Title	President				
Date of Birth	07031962			SSN		i80			
Full Home Address	1741 mcg								
Home Phone	(769) 233	*	ell Phone	(769) 233-0)447 Email	Boldenti	ruckinginc@ya	hoo.com	
Own/Rent	\$ 0 Own	Y	ears There 8 y	rs D	rivers Lience # 8	 01518561	State	Ms	
			_		_		_		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address					-				
Home Phone		Ce	ell Phone		Email				
Own/Rent	\$	Y	ears There	D	rivers Lience #		State		
Business Home Bas	ed?	Yes Locat	ion: Lease/Own	Owned	Lease Terr	m	Monthly	Rent	983.00
Landlord / Mortgage		rime rate finan			Conta	-			
	<u> </u>	Time rate illian			Conta	-			
Contact Phone	_		Cel			Email			
Bank Name/Branch	Hope cr	edit union	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 m	aking false sta	tements might be con	sidered fraud. By prov	viding the above	informati	on, the 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 N	n Date	01/07/2017