Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name	gil	more jr. llc		Le	egal Name	blossom	shop		
Type of Business	florist		Tax ID		27-41591	19	Corp		
Full Business Addre	ss 541	L7 s. staples sı	uite c						
Full Billing Address									
Phone at Location				Best Phone (361) 992-7011 Fax			(361) 992-7933		
Business Email	blossomshoptx@yahoo.com			Website		www.blos	www.blossomshopcc.com		
Years In Business	59		Average Tic	ket		Gross Ann	ual Sales	2,200,000.00	
Do you currently ha	ave cash adva	ance?	Yes V	With who? <u>c</u>	uarter spot		Bala	nce <u>87000.00</u>	
Current Credit Card	l Processor				Averag	e Processing	Volume		
Last Month Vol.		#of Ticl	kets		2nd Month Vol	. <u> </u>	#of T	ickets	
3rd Month Vol.		#of Tick	kets		4th Month Vol		#of T	ickets	
Owner #1 Name	ac Gilmore			Title					
Date of Birth	110761			SSN	460-42-3	3371			
Full Home Address	230 Iorraine								
Home Phone	(361) 992-703	L1 Cell F	Phone	(361) 877-1	212 Email	blo ——	ssomshoptx@y	ahoo.com	
Own/Rent	\$ <u>0 Own</u>	Year	s There 9	D	rivers Lience #	03409349	State	texas	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address				3311					
Home Phone	-	Cell F	Phone		Email				
Own/Rent	\$		s There	D	rivers Lience #	-	State		
Business Home Bas	ed? No	Location	: Lease/Own	Owned	Lease Ter	rm	Month	ly Rent	
Landlord / Mortgage	e Co. <u>none</u>	!			Con	tact	none		
Contact Phone			_ Cell	_		Em	nail <u>blos</u>	ssomshoptx@yahoo.com	
Bank Name/Branch	first commu	ınity bank	Contact			Phone	(361) 993	-9310	
Trade Reference#1	zamba flow	ers	Contact	Ralph		— Phone	(877) 696	-0831	
Trade Reference#2	cam flora		Contact	stella		— Phone			
Trade Reference#3	internationa	al f exchange	- Contact -	Alex		Phone	(800) 877	-4334	

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	ac Gilmore	Date	05/23/2017
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