

DBA Name	MID-AMERICA RISK		Legal Name	MID-AMERICA RISK	
Type of Business	INSURANCE		Tax ID	271235150	Corp
Full Business Address	10661 S. ROBERTS RD #104				
Full Billing Address					
Phone at Location	(708) 974-9900		Best Phone	(708) 974-9900	Fax (708) 974-9181
Business Email	midamericarisk@hotmail.com		Website	none	
Years In Business	10+	Average Ticket		Gross Annual Sales	250,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	MARIE SOUTH		Title	PARTNER	
Date of Birth	02/02/1958		SSN	337-56-1838	
Full Home Address	8848 W. 98TH PL PALOS HILLS, IL 60465				
Home Phone	(708) 567-8290	Cell Phone	(708) 567-8290	Email	MIDAMERICARISK@HOTMAIL.COM
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	S300-5455-8633 State IL
Owner #2 Name	ROBERT SOUTH		Title	PARTNER	
Date of Birth			SSN	321-84-8455	
Full Home Address	8838 W. 98TH PL PALOS HILLS, IL 60465				
Home Phone	(708) 567-9130	Cell Phone	(708) 567-9130	Email	midamericarisk@hotmail.com
Own/Rent	\$ Rent	Years There	2	Drivers Lience #	S300-7658-3144 State IL

Business Home Based?	No	Location: Lease/Own	Owne	Lease Term	NONE	Monthly Rent	1,250.00
Landlord / Mortgage Co.	JADWIGA DESIMONE			Contact	JADWIGA DESIMONE		
Contact Phone	(630) 664-2015	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 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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	MARIE SOUTH	Date	04/12/2018
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