-	
MoneyWorks >	Sales Rep: Luciano

DBA Name		One Wa	ay Driving	Academy	Le	egal Name	One Way Dri	ving Academy	
Type of Business				Tax ID		47-5606489	<u> </u>	LLC	
Full Business Addre	SS		st Laurel <i>A</i>						
Full Billing Address									
Phone at Location		(337) 457-2951 Best Phone (337) 336-3038 Fax							
Business Email		onewaydrivingacademyllc@gm				Website		-	
Years In Business		1.5		Average Tic			Gross Annual	Sales 150,0	00.00
Do you currently ha	ave cash a	advance?	?	No \	With who? _			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol	#of Ticket	
3rd Month Vol.			#of Tick	ets		4th Month Vo	il	_ #of Ticket	
Owner #1 Name	Yvette Fo	intenot			Title	Owner			
Date of Birth	01051969				SSN	436-29	-9056		
Full Home Address	2484 5th								
Home Phone	(337) 457	7-2951	Cell Pi	none	(337) 336-3	038 Email	yvette	denisefontenot@	gmail.com
Own/Rent	\$ 0 Own	1	 Years	There 2	D	rivers Lience #	010914449	State	Louisiana
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pl	none		Email			
Own/Rent	\$		Years	There	D	rivers Lience #		State	
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease T	erm	Monthly R	ent
Landlord / Mortgage	e Co. A	OK Trans	smission			Cor	ntact	1740 Veterans Eunice, LA 705	s Memorial Hwy 535
Contact Phone	(3	337) 457	-5695	Cel	I		Emai	I	
Bank Name/Branch	Wood F Bank	orest Na	ational	Contact	Rita		Phone	(337) 457-75	544
Trade Reference#1				— Contact			Phone		
Trade Reference#2				— Contact			Phone		
Trade Reference#3				– Contact	<u> </u>		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	Yvette Fontenot	Date	05/29/2017
Signature#1		Yvette Fontenot		05/29/201