MoneyWorks > Direct ADMINISTRAT	TIVE FORM PLEASE FAX TO:1.646.417.5809
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DBA Name		SGL			Le	egal Name	Stratagem	Global Logistic	cs Inc.	
Type of Business	ype of Business Logistics			Tax ID		ax ID	81206367	812063679		Corp
Full Business Addre	SS	1875 Co	nnecticut	Ave. NW Wa	shington, D	C 20009				
Full Billing Address										
Phone at Location	n (202) 848-8036				Best Phone (202)			Fax		
Business Email	il edmason777@gmail			ail.com Website		www.stra	www.stratagemgl.com			
Years In Business		1		Average Tid	cket		Gross Ann	ual Sales 1	60,000.0	0
Do you currently ha	ave cas	sh advance	?	No	With who? _			Balan	ce	
Current Credit Card	d Proce	ssor					ge Processing			
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol	#of Tid	ckets	
3rd Month Vol.			#of Tick	ets		4th Month Vo	ol	#of Tid	ckets	
Owner #1 Name	Edwin	Mason			Title -	Chairm	an			
Date of Birth	02-25-	1985			SSN	239-69	-5751			
Full Home Address	8300 0	Greensboro D	rive #L1							
Home Phone	(202) 8	348-8036	Cell P	hone	(202) 848-8	8036 Email	edi	mason777@gmai	l.com	
Own/Rent	\$ <u>0 R</u>	ent	Years	There 3	<u> D</u>	rivers Lience #	T62461718	State	VIRGI	NIA
					791					
Owner #2 Name					Title -					
Date of Birth					SSN -					
Full Home Address										
Home Phone			Cell P			Email				
Own/Rent	\$		Years	There	D	rivers Lience #		State		
Business Home Bas	ed? _	No	Location	: Lease/Own	Leased	Lease T	erm Montl	nly Monthl	y Rent	100.00
Landlord / Mortgage	e Co.	WeWork				Со	ntact	WeWork		
Contact Phone		(855) 593	-9675	_ Ce	II _		En	nail		
Bank Name/Branch	Citiba	ank		Contact			Phone			
Trade Reference#1				- Contact			Phone			
Trade Reference#2				- Contact			 Phone			
Trade Reference#3				- Contact			Phone			
I hereby represent that all	the above	e information i	s true and un	derstand that m	naking false sta	tements might he	considered fraud. F	v providing the abo	ve informa	tion, 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 Name	Edwin Mason	Date	09/14/2016