DBA Name		Feely's :	Service L	LC	Le	gal Name	Feely's Serv	ice LLC	
Type of Business		Trucking				ıx ID	141983199	-	
Full Business Address 1341 NE Isabel Rd Medicine Lodge, Ks 67104									
Full Billing Address					<u> </u>				
Phone at Location	(620) 886-1643				Best Phone		Fax		
Business Email		1bfeely@gmail.com				Website			
Years In Business		10		Average Tick	et		Gross Annua	I Sales <u>700,000.0</u>)
Do you currently h	ave cash	advance?		No W	ith who? _			Balance	
Current Credit Card Processo		or				Averag	e Processing Vo	lume	
Last Month Vol.			#of Tick	ets		2nd Month Vol		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol		#of Tickets	
Owner #1 Name	William F	eely			Title	Owner			
Date of Birth	0211195	5			SSN	510-60-1	1961		
Full Home Address	1341 NE Isabel Rd Medicine Lodge, Ks 67104								
Home Phone	(620) 886-1643 Cell Phone Email 1bfeely@gmail.com								
Own/Rent	\$ <u>0 Owr</u>	l	Years	There 12	Dr	rivers Lience #	K02034975	State Kansas	5
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell P	hone _		Email			
Own/Rent	\$		_ Years	There	Dr	rivers Lience #		State	
Business Home Bas	sed?	No	Location	: Lease/Own	Owned	Lease Te	erm	Monthly Rent	
Landlord / Mortgage	e Co. S	tate Farm	Bank			Con	tact		
Contact Phone	_			_ Cell			Ema	il	
Bank Name/Branch	Citizens	Bank of	Kansas	Contact	Dale Lon	ıker	Phone	(620) 886-5686	
Trade Reference#1 Ireland Sales			- Contact			Phone	(316) 821-9964		
Trade Reference#2	Red Dir	t Repair		- Contact			Phone	(620) 213-1560	
Trade Reference#3	Hampel	Oil		Contact			Phone	(877) 479-3343	
I hereby represent that all	the above in	formation is	true and un	derstand that mal	king false stat	ements might be co	onsidered fraud. By p	providing the above informat	ion, 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	William Feely	Date	11/04/2016
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