MoneyWorks >> Dir	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Adrian
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DBA Name		N/A				egal Name		DLS LOGISTIC	CS LLC		
Type of Business		Logistic	CS		T	ax ID		47-5623496			LLC
Full Business Addre	SS	2443 Fil	more stre	eet							
Full Billing Address											
Phone at Location		(888) 392-3113			Best Phone (925) 759-8904 Fax			Fax	(888) 312-999	4	
Business Email		dlslogistics70@gmail.com		mail.com	Website						
Years In Business	2 Aver		Average Tick	et		_	Gross Annual Sales 24		40,000.00		
Do you currently ha	ave cash	advance?	•	No W	ith who? _				_ Balar	nce	
Current Credit Card Processor				_ Ave	rage P	rocessing Vol	ume				
Last Month Vol.			#of Tick	ets		2nd Month	Vol.		#of Ti	ckets	
3rd Month Vol.			#of Tick	ets		4th Month	Vol.		#of Ti	ckets	
Owner #1 Name	Dario Sm	ith			Title	e Own	er				
Date of Birth	5/29/197	0			SSN	555-	35-811	4			
Full Home Address		ny street b	rentwood	CA 94513							
Home Phone	(925) 759	9-8904	Cell P	hone		Ema	il	darios	mith@sbcglo	bal.net	
Own/Rent	\$ 0 Owr	Own Years There		There	D	Drivers Lience # B4275458 State		California			
			_								
Owner #2 Name					Title	•					
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell P	hone _		Ema	il				
Own/Rent	\$		_ Year	There	D	rivers Lience	#		State		
Business Home Bas	ed?	No	Location	: Lease/Own	Leased	Lease	Term		Month	ly Rent	
Landlord / Mortgage	e Co. <u>\$</u>	2000				(	Contac	t	Tracy Smi	th	
Contact Phone	<u>(!</u>	510) 301	-1618	_ Cell	_			Email			
Bank Name/Branch	Bank of	America		Contact				Phone			
Trade Reference#1	Amazor	1		Contact	Nazifa			Phone	(510) 376	-7665	
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)											

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.

Cianatura#1	Drinted Name	Daria Smith	Data	02/14/2010
Signature#1	Printed Name	Dario Smith	Date _	03/14/2018
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