MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve

DDA N		Cl	- :- Cl					Ch	: Cl-	!				
DBA Name		Champion Glass			Legal Name			Champion Glass, Inc					_	
Type of Business		Manufa			1	ax ID		3/1/9	98256				Cor	р
Full Business Addre	!SS	4720 NW	15th Ave.	Unit 4A										_
Full Billing Address														_
Phone at Location		(954) 50	54-3435				Phone			Fax	<u>(</u>	(954) 563	L-9161	_
Business Email						١	Website	-						_
Years In Business		25		Average T	icket			Gross	Annual S	ales	3,000	0,000.00		_
Do you currently ha	ave cash	advance?		No	With who?					Ва	lance <sub>.</sub>			_
Current Credit Card	d Process	or				_	Average I	Process	ing Volu	me				_
Last Month Vol.			#of Ticke	ts		2nd	Month Vol.			#of	Ticket	ts _		_
3rd Month Vol.			#of Ticke	ts		4th	Month Vol.			#of	Ticket	ts _		_
Owner #1 Name	Chris Go	rman			Title	2	President							
Date of Birth	1226196				— SSN		206-62-384	48						_
Full Home Address		12th Ave @	023275		_									—
Home Phone	(954) 56		Cell Ph	one			Email		chris@cl	hampion	-glass.r	 net		_
Own/Rent	\$ 0 Owi		Years		 5	rivers	 s Lience #			State				_
			_	_										
Owner #2 Name					Title	<u>;</u>								
Date of Birth					— SSN									_
Full Home Address					_									_
Home Phone			Cell Ph	one			Email							
Own/Rent	\$		Years	There _		rivers	s Lience #			_State				
Business Home Bas	sed?	No	Location:	Lease/Ow	n Owned		Lease Term	n		Mor	nthly R	ent		
Landlord / Mortgage	e Co.						— Contac	ct	_					
Contact Phone	_			C	ell _			_	Email	_				_
Bank Name/Branch			· · · · · · · · · · · · · · · · · · ·	Contact				Ph	one					
Trade Reference#1				Contact	 t			– Ph	one					_
Trade Reference#2				Contact	 t			– Ph	one -					_
Trade Reference#3				Contact				_	one					_
I hereby represent that all	the above ir	nformation is	true and und	erstand that	making false sta	atemer	nts might be cons	idered fra	ud. By prov	vidina the	above in	nformation.	the applican	<u></u>

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	Chris Gorman	Date	01/06/2017