Money Wo	orks 🔪 [ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: John

DBA Name		Cornerstone			I enal N	al Name Cornerstone			
Type of Business				_tegar N Tax ID	unic		46-2135727		
Full Business Addre	cc	2708 Empress Ct			_ Tax ID		10 2133727		_ LLC
Full Billing Address	.55	2700 Empres							
Phone at Location		(804) 712-0352 Best Phone					I) 712-0352	Fax	
Business Email		charityhwoods@gmail.com			. Website		moneygetajo		
Years In Business		9 Average Ticket		-		Gross Annual Sales 250,000.00		0,000.00	
Do you currently ha	ave cash	advance?	- No						e
Do you currently have cash advance? No With who? Balance Current Credit Card Processor Average Processing Volume									
	11100033					Month Vol.	_	_	vote
Last Month Vol.			Tickets _		=			#of Ticl	
3rd Month Vol.		#of	Tickets _		4th N	Ionth Vol.		#of Ticl	cets
Owner #1 Name	CHarity V	Vonds		Т	itle	managing	ı memher		
Date of Birth	01/20/19				SN	227-19-03	•		
Full Home Address	2708 Em								
Home Phone	(804) 712		Cell Phone	(804) 71	2-0352	Email	charity	hwoods@gma	il.com
Own/Rent	\$ 0 Owr	า	Years There	5	Drivers	– Lience # T	65452400	State	Virginia
					_	_			
Owner #2 Name				Т	itle				
Date of Birth				S	SN				
Full Home Address									
Home Phone			Cell Phone			Email –			
Own/Rent	\$		Years There		_Drivers	Lience # _		State	
Business Home Bas	ed?	No Loca	ation: Lease/C)wn Leas	ed	Lease Ter	m	Monthly	[,] Rent
Landlord / Mortgage	e Co. S	 Spartan Manag	ement			Conta	act	John Dixon	
Contact Phone				Cell	(718) 9	38-7960	Email	<u>j</u> ohn <u>r</u>	oo1121@gmail.com
Bank Name/Branch			Conta	act			Phone		
Trade Reference#1	-		Conta	act			— Phone		
Trade Reference#2			 Conta	act			— Phone		
Trade Reference#3			Conta	act			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	Charity Woods	Date	04/28/2017