

DBA Name	BA Name <u>A&N AUTOB</u>			OBODY			l Name	Norma Chicas Autobody inc			
Type of Business		AUTOBODYSHOP				_Tax ID		2032203279290			Corp
Full Business Addre	:SS	4201 48T	H STREET	BLADENS	BURG MD2	0710)				
Full Billing Address											
Phone at Location (301) 779-247			79-2477			Best	t Phone (301)	779-2477	Fax	(301) 779-5690)
Business Email a_n_au		tobody@yahoo.com			Website						
Years In Business		14		Average T	icket _			Gross Annu	ual Sales	346,000.00	
Do you currently h	ave cas	h advance?		No	With who?				Bala	nce	
Current Credit Card Processor						_		Processing \	/olume		
Last Month Vol.			#of Ticke	ts		2n	d Month Vol.		#of T	ickets	
3rd Month Vol.			#of Ticke	ts		4t	h Month Vol.		#of T	ickets	
Owner #1 Name	norma				Tit 		precident				
Date of Birth	04/27/1964				SSN 220-86-732			25			
Full Home Address		reenvale parl									
Home Phone	(301) 7	779-2477	Cell Ph	one	(301) 537			_a_n	_autobody@yal	noo.com	
Own/Rent	\$ <u>0 O</u>	wn	Years -	There 3	month	Drive	ers Lience # <u>C</u>	220-636-680-3	323 State	MARYLAND	
Owner #2 Name					Tit	ما-					
Date of Birth					_						
Full Home Address					_	, I V	-				
Home Phone			Cell Ph	one			Email				
Own/Rent	\$		— Years			Drive	ers Lience #	-	State		
			-	_		-	_				
Business Home Bas	sed?	No	Location:	Lease/Ow	n <u>Lease</u>	ed	Lease Terr	m	Month	nly Rent	
Landlord / Mortgage	e Co.	TOM RUSS					Conta	ict			
Contact Phone		_		C	ell	(301)	437-1639	Em	nail		
Bank Name/Branch	SUN 7	TRUST		Contact	t			Phone			
Trade Reference#1			Contact	t			 Phone				
Trade Reference#2				Contact	 t			— Phone			
Trade Reference#3				Contact	t			 Phone			
I hereby represent that all	the above	information is	true and und	erstand that	making false s	tatem	ents might be con-	sidered fraud. By	v providing the ah	ove information, the ann	olicant(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	norma chicas	Date	01/29/2018