MoneyWorks >>	Sales Rep: Julian

DBA Name		R&T Postal Se	rvice	L	egal Name	<u>R</u>	&T Postal Se	rvice	
Type of Business		Distribution		ТТ	ax ID	4	38723168		Corp
Full Business Addre	ess	7074 Ohio Rive	r Dr						
Full Billing Address									
Phone at Location		(626) 487-849	5		Best Phone (626) 487-8495			Fax	(951) 549-6988
Business Email		robert@rtpost	al.com		Website	<u>rt</u>	tpostal.com		
Years In Business		26	Average	e Ticket _		_ Gr	ross Annual S	Sales <u>1</u>	50,000.00
Do you currently h	ave cash a	advance?	No	With who?				Balan	ce
Current Credit Card	d Processo	or			_ Avera	age Pro	cessing Volu	me	
Last Month Vol.		#of T	ickets		2nd Month V	/ol		#of Tic	ckets
3rd Month Vol.	_	#of T	ickets -		4th Month V	′ol		#of Tio	ckets
Owner #1 Name	Robert Th	iomas		Title	e Owner	r			
Date of Birth	05/11/195	50		 SSN	438-7	2-3168			
Full Home Address	7074 Ohio	River Dr							
Home Phone	(626) 487	'-8495 Ce	ll Phone	(626) 487-	8495 Email		robert@	rtpostal.com	<u> </u>
Own/Rent	\$ <u>0 Own</u>	Ye	ears There	13 [	 Drivers Lience #	CA47	54444	State	CA4754444
Owner #2 Name				Title					
Date of Birth	-			SSN					
Full Home Address		0-	II Disassa		F9				
Home Phone			II Phone		Email				
Own/Rent	\$	Y6	ears There		Drivers Lience #	· 		State	
Business Home Bas	sed?	Yes Locati	on: Lease/0	Own Leased	Lease	Term		Monthl	y Rent
Landlord / Mortgag	e Co				Co	ontact			
Contact Phone				Cell _			Email		
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			 Cont	act			Phone		
Trade Reference#2			 Cont	act			Phone		
Trade Reference#3			Cont	act			Phone		
I hereby represent that all	the above in	formation is true and		nat making false st	atements might be	e consider	red fraud. By pro	viding the abo	ve 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.

Signature#1	Printed Name	Robert Thomas	Date	01/05/2017