

DBA Name	atlas md / amd		Legal Name	atlas md llc	
Type of Business	retail services and wireless		Tax ID	465553792	LLC
Full Business Address	546 west side ave.				
Full Billing Address					
Phone at Location	(551) 222-4777		Best Phone	(551) 222-4777	Fax
Business Email	pickup.atlasmd@gmail.com		Website	ourcommunitystore.com	
Years In Business	3	Average Ticket		Gross Annual Sales	180,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

<b>Owner #1 Name</b>	kirby macalinao		Title	gen. manager	
Date of Birth	15091975		SSN	900-95-9103	
Full Home Address	129 oxford ave.				
Home Phone	(201) 839-7673	Cell Phone	(201) 839-7673	Email	pickup.atlasmd@gmail.com
Own/Rent	\$ 0 Rent	Years There	2018397673	Drivers Lience #	n/a
				State	NJ
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN	--	
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$ Own	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	1,850.00
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	capital one	Contact	eleonor	Phone	(201) 420-2918
Trade Reference#1	a sonic inc.	Contact	ms. lilibeth ching	Phone	(201) 761-9799
Trade Reference#2	world class freight	Contact	ms. joy mendoza	Phone	(201) 282-1504
Trade Reference#3	i wire	Contact	carlos	Phone	(917) 642-7922

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	kirby macalinao	Date	01/04/2017
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