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

DBA Name	Wings Travel			Le		egal Name <u>I</u>		Marquis Ven	Marquis Ventures, Inc		
Type of Business	of Business travel agency		Ta		ax ID		232438954			Corp	
Full Business Addre	SS	702 DeKa	lb Pike								
Full Billing Address											
Phone at Location	(484) 919-9988			Best Phone (484			919-9988	Fax			
Business Email						٧	Vebsite				
Years In Business		31		Average Tic	ket			Gross Annual	Sales	1,140,000).00
Do you currently ha	ave casł	n advance?	Y	'es V	lith who?	Quart	er Spot		_ В	alance <u>abou</u>	t \$92,000
Current Credit Card	l Proces	sor				_	Average l	Processing Vol	ume		
Last Month Vol.	-		#of Ticke	ts		2nd	Month Vol.		_ #c	of Tickets	
3rd Month Vol.			#of Ticke			4th	Month Vol.		_ #c	of Tickets	
Owner #1 Name	Robert	Carpenter			Title	<u> </u>	CFO				
Date of Birth	14-08-1	•			SSN		165-44-208	30			
Full Home Address		rnard Drive			33.	-					
Home Phone	(484) 9	19-9988	Cell Pho	one	(484) 919-9	9988	Email	dougc	@wingsg	t.com	
Own/Rent	\$ 0 Ov	wn	— Years∃	here 20		Orivers	— Lience # 15	333744	State		
Owner #2 Name					Title	9					
Date of Birth					SSN	I					
Full Home Address											
Home Phone			Cell Pho	one -			Email				
Own/Rent	\$ Own	1	Years 7	here		Orivers	Lience #		State		
Business Home Bas	ed?	No I	ocation: I	_ease/Own	Leased	ł	_Lease Term	າ	Mo	nthly Rent	
Landlord / Mortgage	e Co.	Blue Bell Vi	lage LLP				Conta	ct	Joe Gai	mbone	
Contact Phone		(610) 277-4	220	Cell	_			_ Emai	l .		
Bank Name/Branch	Citade	el Federal Cr	edit Un	Contact				Phone			
Trade Reference#1				Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			
I hereby represent that all	the above	information is t	rue and unde	erstand that ma	king false sta	atement	ts might he cons	idered fraud. By n	roviding th	e ahove informa	ation 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 Carpenter	Date	05/12/2017