

DBA Name	CHARLEY PARKS AUTO REPAIR		Legal Name	CHARLES PARKS	
Type of Business	AUTO REPAIR		Tax ID	20-5476586/0	Sole Prop
Full Business Address	50 MARDALE DR. SUITE A				
Full Billing Address					
Phone at Location	(317) 858-5955		Best Phone	(317) 372-6703	Fax (317) 858-6240
Business Email	CHP_1@MSN.COM		Website		
Years In Business	11	Average Ticket		Gross Annual Sales	145,000.00
Do you currently have cash advance?	Yes	With who?	ONDECK		Balance 34500.00
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	CHARLES PARKS		Title	CHARLEY PARKS	
Date of Birth	01-20-1955		SSN	315-58-4638	
Full Home Address	5126 E CO RD 100N AVON IN 46123				
Home Phone	(317) 858-5955	Cell Phone	(317) 372-6703	Email	CHP_1@MSN.COM
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	8939-66-3501
				State	IN
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	950.00
Landlord / Mortgage Co.	DEAN GIBBS			Contact	317-502-4435		
Contact Phone		Cell		Email			

Bank Name/Branch	HUNTINGTON BROWNSBURG IN	Contact		Phone	
Trade Reference#1	OREILLY AUTO PARTS	Contact		Phone	(317) 858-3934
Trade Reference#2	AUTOZONE/BROWNSBURG IN	Contact		Phone	(317) 858-5936
Trade Reference#3	CIRCLE DISTRIBUTING	Contact		Phone	(317) 241-6282

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	CHARLES PARKS	Date	09/29/2016
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