	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Driftless Tr	ucking LLC		Le	gal Name	Dr	iftless Trucl	king LLC		
Type of Business	Transportation		tion			Tax ID		81-3194832		LLC	LLC
Full Business Addre	SS	43803 Brow	ns Drive								
Full Billing Address											
Phone at Location		(608) 485-2647			Best Phone (608) 485-2647			Fax	(866) 646-0115		
Business Email		driftlesstru	cking@gmail.c	om		Website					
Years In Business		1.5	Average	Ticket			Gro	ss Annual S	Sales <u>5</u>	12,450.00	
Do you currently ha	ave cash a	advance?	Yes	With	who?				Balar	ce <u>25000</u>	
Current Credit Card	d Processo	or				Averag	ge Proc	essing Volu	me		
Last Month Vol.		#0	of Tickets			2nd Month Vo	ol		#of Ti	ckets	
3rd Month Vol.		#0	of Tickets			4th Month Vol	l		#of Ti	ckets	
Owner #1 Name	Joe Browr	1			Title	Owner					
Date of Birth	07-29-19				SSN	390-90-	·7571				
Full Home Address			ys Mills, WI 5463	1	33.1						
Home Phone	(608) 485		Cell Phone		3) 485-26	547 Email		driftless	strucking@g	mail.com	
Own/Rent	\$ 0 Own	1	Years There	6	Dr	ivers Lience #	B650-4	 1257-0269-07		WI	
									<del></del>		
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone			Email					
Own/Rent	\$		Years There		Dr	ivers Lience #			State		
Business Home Bas	ed?	No Loc	cation: Lease/C	)wn L	eased	Lease Te	erm		Month	ly Rent	
Landlord / Mortgage	 e Co	<u>.</u>				 Con	ntact				
Contact Phone	_			Cell				Email			
Bank Name/Branch			Conta	act				Phone			
Trade Reference#1			 Conta	act				Phone			
Trade Reference#2			Conta	act				Phone			
Trade Reference#3			Conta	act _				Phone			
I haraby raprocent that all t	the above in	formation is true	and understand th	at making	falso state	amanta miabt ba a		d fraud. By pro	viding the abo	via information, the appli	isant(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	Joe Brown	Date	01/16/2017
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