

DBA Name	Dorten					gal Name	Dorten	Dorten		
Type of Business	siness <u>ecommerce</u>		nerce			x ID	20-48596781			Corp
Full Business Addre	SS	1254 ma	ain st							
Full Billing Address		12545 k	jhk st							
Phone at Location	(915) 475-7574				Best Phone (987		7) 654-4542	Fax	(545)	373-4144
Business Email	hkjfg@gmail.com			n		Website	www.go.co			
Years In Business		5 Average Tio			ket		Gross Annual	Gross Annual Sales <u>2,500,000.00</u>		
Do you currently ha	ave cas	sh advance	?		W	th who?		_	Balance	<u> </u>
Current Credit Card	d Proce	ssor				Average	e Processing Vol	ume		
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		_ #of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of	Tickets	
Owner #1 Name	jo heyr	m			Title	owner				
Date of Birth					SSN	645-25-4	854			
Full Home Address		hsakl ab								
Home Phone	(917) 5	547-7586	Cell Ph	one –	(917) 546-75	564 Email	jonath	an@mone	yworksdirect	com
Own/Rent	\$ 2 0	wn	Years	There 10	yrs Dr	ivers Lience #	6869785	State	ct	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	one –		Email				
Own/Rent	\$ <u>Ow</u>	n	Years	There	Dr	ivers Lience #		State		
Business Home Bas	ed? _	Yes	_Location:	Lease/Own	Leased	Lease Tei	rm <u>5 yrs</u>	Mon	nthly Rent	2,800.00
Landlord / Mortgage	e Co.	;ljdsgh';				Cont	cact	<u>;'r</u>		
Contact Phone		(123) 132	-1321	Cell	(10	02) 121-2123	Emai	l <u>2</u>	112@kljhd.	com
Bank Name/Branch	dfgfd			Contact	sghsdfh		Phone	(563) 4	64-3634	
Trade Reference#1	dchzg	9		Contact	364w		— Phone	(526) 5	32-4626	
Trade Reference#2	fdsgs	df		Contact	sdgh		 Phone	(363) 2	64-3664	
Trade Reference#3	gsdg			Contact	gdfs		Phone	(363) 6	45-6577	
I hereby represent that all t	the above	information i	c true and und	orstand that ma	king falso stat	omonts might he se	neidored fraud. By n	roviding the	ahovo informa	tion 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	jo heym	Date	07/08/2016
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