

DBA Name		brian m	arkol		1.0	egal Name	hon	nest and c	hoan law	n caro	
				tion		_			ileap law	ii care	Cala Dran
Type of Business			y preserva			ax ID	013	3956588			Sole Prop
Full Business Addre	SS	440 river	view drive	wrightsville	pa 17368						
Full Billing Address		(717) 7	22.1726			D D					
Phone at Location			93-1726			Best Phone			Fax		
Business Email			rkel@yah			Website					
Years In Business		7		Average Tick	ket		Gros	ss Annual	Sales	220,000.0	0
Do you currently ha	ave cash	advance?		No W	ith who? _				_ Ba	lance	
Current Credit Card	l Process	or			Average Pr			Processing Volume			
Last Month Vol.			#of Ticke	ets		2nd Month Vo	ol		_ #of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vo	ol		_ #of	Tickets	
Owner #1 Name	brian ma	rkel			Title	owner					
Date of Birth	10/07/19	70			SSN	200-60-	-7949				
Full Home Address	440 river	view drive	wrightsville	pa 17368							
Home Phone	(717) 793	3-1726	Cell Ph	ione		Email		briann	narkel70@	gmail.com	
Own/Rent	\$ 0 Owr	า	 Years	There 17	D	rivers Lience #	222249	44	State	ра	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Ph	ione _		Email					
Own/Rent	\$		Years	There	D	rivers Lience #			State		
Business Home Bas	ed?	Yes	Location:	Lease/Own	Owned	Lease T	erm		Mor	thly Rent	
Landlord / Mortgage	 e Co.					 Cor	ntact				
Contact Phone	_			Cell	_			Email	 -		
Bank Name/Branch	peoples	s bank		Contact	manage	r		Phone	(717) 8	46-1970	
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the above in	nformation is	true and und	lerstand that ma	king false sta	tements might be a	considered	l fraud. By pi	roviding the	above 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 Printe	ed Name briai	an markel D	Oate	05/04/2017
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