

DBA Name	DOI	NALD EGWU O	WERA	Le	egal Name	werrason ent	erprises Nige	eria	
Type of Business Agri		Agriculture and livestock production T			ax ID	ID <u>2587520</u>		Sole Prop	
Full Business Addre	ss <u>no 2</u> !	5 tinapa road a	adiabo calaba	ar cross riv	ver state Nigeria				
Full Billing Address									
Phone at Location (234) 706-1118				E	Best Phone (234	1) 805-3989	Fax		
Business Email werrasonent.ng@			gmail.com		Website				
Years In Business	2yr		Average Tick	cet		Gross Annual	Sales <u>65</u>	,000.00	
Do you currently ha	ave cash advar	nce?	No W	ith who? _			_ Balanc	e	
Current Credit Card				Average	Processing Vol	ume _			
Last Month Vol.		#of Ticke	ets		2nd Month Vol.		#of Tic	kets	
3rd Month Vol.		#of Ticke	ets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	donald ogwu			Title	ceo/md				
Date of Birth	donald egwu 23 / 01 / 1968			SSN	281-p7-0	130			
Full Home Address	25 tinapa road adiabo calabar cross river state Nigeria								
Home Phone	(234) 706-1118			(234) 805-3	989 Email	sulliva	ndonald8@gm	ail.com	
Own/Rent	\$ 0 Own	Years	-		<del></del>	national identity c		28107013002	
	T		<u>.,,</u>		-	, , , , , , , , , , , , , , , , , , ,			
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 Ter	m	Monthly	r Rent	
Landlord / Mortgage	 e Co.	<u></u>			 Cont	act			
Contact Phone			Cell			Email			
Bank Name/Branch	union bank o	of Nigeria	Contact	Tinapa b	oranch	Phone	(007) 520-2	2261	
Trade Reference#1			Contact	- 15 - 5 - 5		— Phone		_	
Trade Reference#2			Contact			Phone	_		
Trade Reference#3			Contact			— Phone			
Hade Reference#5			Contact						

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	donald egwu	Date	07/13/2018
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