

DBA Name		Fryar Sa	awmill & Lu	mber Compa	any Lega	al Name	Frya	r Sawmill	& Lumbe	r Company	
Type of Business		Forestry			Tax	Tax ID		460818200			LLC
Full Business Addre	SS	4311 CR	626 Dumas	s, MS 38625							
Full Billing Address											
Phone at Location	Phone at Location (6				Best Phone				Fax	(662) 83	7-8512
Business Email		joshua(@fryarsawm	illl.com		Website					
Years In Business		4	A	verage Tick	et		Gros	s Annual S	Sales	1,000,000.00	1
Do you currently ha	ave cash a	dvance?	Y	es Wi	In winn -	ar Sawmill & npany	Lumber		Bala	nce 3000	
Current Credit Card	d Processo	r	_			Averag	ge Proce	ssing Volu	me		
Last Month Vol.			#of Ticket	:s	2	nd Month Vo	l		#of T	ickets	
3rd Month Vol.			#of Ticket	:s	4	th Month Vol			#of T	ickets _	
Owner #1 Name	Robert Fr	/ar			Title	Owner					
Date of Birth	01-23-198	01-23-1987			SSN	426-57-588					
Full Home Address	2380 CR 6	527 Duma	s, MS 38625								
Home Phone	(662) 837	-5462	Cell Pho	ne _		Email		joshua@	fryarsawn	nill.com	
Own/Rent	\$ <u>0 Own</u>		_ Years T	here	Driv	ers Lience #	8008840	007	State	Mississip	pi
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Pho	ne _		Email					
Own/Rent	\$		_ Years T	here	Driv	ers Lience #			State		
Business Home Bas	ed?	No	Location: L	ease/Own	Owned	Lease Te	erm		Montl	hly Rent _	
Landlord / Mortgage	e Co					Con	itact				
Contact Phone				Cell				Email			
Bank Name/Branch				Contact			ı	Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2	_			Contact				Phone			
Trade Reference#3				Contact				Phone			
	s application	is made or	your agents to	Contact rstand that make investigate my	y/our financial r	esponsibility and	onsidered	Phone fraud. By pro	ecifically prin	cipal and corpor	ate entities, an

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	Robert Fryar	Date	08/03/2016
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