

DBA Name		same			Leo	gal Name	XPRESS CO	URIER SERVI	CES. INC.		
Type of Business		Courier Se	rvice			x ID	71-095143		,	Corp	
Full Business Addre	SS			et st		Rock, AR 72205		-		оо. _Р	
Full Billing Address	,	10001 1103	Translati Sere		C. DI Little	110011,7111,72200					
Phone at Location		(501) 217-	4090		В	est Phone(501	L) 231-9310	Fax	(501)	975-1059	
Business Email		-	resscourierservice.com			Website		xpresscourierservice.com			
Years In Business		16yr	Average					Gross Annual Sales 990,000.00			
Do you currently ha	ave cash :		Yes		/ith who? sv	with can		-	nce 1540		
			163				. Dracacina V		100 10		
Current Credit Card											
Last Month Vol.		#	of Tickets			2nd Month Vol.	_	#of T	ickets		
3rd Month Vol.		#	of Tickets			4th Month Vol.		#of T	ickets		
Owner #1 Name	John Yarb				Title	President					
Date of Birth	03/19/197				SSN	454-67-6	363				
Full Home Address	307 W 50	th St. North L	ittleRock, AR 721	118							
Home Phone	(501) 758	3-5571	Cell Phone	_	(501) 231-93	B10 Email	john	@xpresscourie	rservice.co	om	
Own/Rent	\$ <u>0 Own</u>	1	Years There	5	Dr	ivers Lience #	906670113	State	AR		
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 Lo	cation: Lease/0)wn	Leased	Lease Ter	rm 3MO.	Month	nly Rent	850.00	
				J WIII					-		
Landlord / Mortgage	_	VL INVESTO				Cont	act	Mary Mort	.In		
Contact Phone	<u>(5</u>	501) 258-34	18	Cell			Em	ail			
Bank Name/Branch			Cont	act			Phone				
Trade Reference#1			Cont	act			— Phone				
Trade Reference#2	-		Cont	act			— Phone				
Trade Reference#3			Cont	act			— Phone				

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 other third parties. You also authorize Money Works Direct to transmit this application form, along with any of the foregoing information relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	John Yarbrough	Date	10/01/2019