

DBA Name		Cindy's Travel I	Oreams, INc	Leg	al Name	Cindy's Travel Dre	eams, Inc	
Type of Business		full service trav	el agency	 Tax	(ID	541942299		Corp
Full Business Address		1200f armory di	-					
Full Billing Address								
Phone at Location		(757) 569-9250)	Be	est Phone (757)	569-9250	Fax	
Business Email					Website	www.cindystravelo	dreams.agentstudio.c	om
Years In Business		18	Average Tick	cet		Gross Annual Sales	182,000.00	
Do you currently h	ave cash	advance?	No W	ith who?			Balance	
Current Credit Card Processo		or			Average	Processing Volume		
Last Month Vol.		#of Ti	ckets	2	2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets	4	4th Month Vol.		#of Tickets	
Owner #1 Name	Cindy Fe	rguson		Title	president			
Date of Birth	01/20/19	62		SSN	229-08-360	52		
Full Home Address	3419 bea	B beaverdam rd						
Home Phone	(757) 569	9-9250 Cell Phone Email cindy@cindyst					straveldreams.com	
Own/Rent	\$ <u>0 Owr</u>	n Yea	ars There 18	Driv	vers Lience # t6	4720402 St	ate <u>va</u>	_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	ars There	Driv	vers Lience #	St	ate	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgag	e Co. <u>j</u> o	oyner wood prop			Conta	ct <u>fran</u>	klin joyner	
Contact Phone	_		Cell			Email		
Bank Name/Branch BB&T Contact			Contact			Phone		
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	understand that ma	king false stater	ments might be cons	idered fraud. By providing	g the above information, 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 authorized 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	Cindy Ferguson	Date	04/12/2017