

DBA Name	FRIEDMAN DUE-DILIGENCE, FORENSIC, TAX & VALUATION CONSULTANTS				egal Name 1943				
Type of Business		PUBLIC ACCOUNTING			T	ax ID 27-4604356			Corp
Full Business Addre	ess	800 SE 31	RD AVENU	E STE 301	fort laude	RDALE, fl			
Full Billing Address									
Phone at Location		(954) 39	9-9947		E	Best Phone (954)	399-9947	Fax	(954) 399-9684
Business Email		MILT@FRIEDMANCPAFL.COM				Website	FRIEDMANCI	PAFL.COM	
Years In Business		42 Average Tick			cket	Gross Annual Sales 2			250,000.00
Do you currently ha	ave cash	advance?	I	No N	With who? _			_ Bala	ance
Current Credit Card				Average	Processing Vo	lume			
Last Month Vol.			#of Ticke	ts		2nd Month Vol.		_ #of ⁻	Tickets
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		_ #of ⁻	Tickets
Owner #1 Name	milt				Title	PRESIDENT	г		
Date of Birth	01-09-19	943			- SSN	150-34-96			
Full Home Address		BRD AVENUE	STE 301		-				
Home Phone	(954) 29		Cell Pho	one		Email	MILT@	FRIEDMANC	CPAFL.COM
Own/Rent	\$ <u>0 Ow</u>	'n	Years	There <u>21</u>	D	rivers Lience # F6	 335-547-43-321-	0 State	Florida
Owner #2 Name					Title -				
Date of Birth					SSN -				
Full Home Address			C-II Di-			Entry 9			
Home Phone			— Cell Pho			Email		<u> </u>	
Own/Rent	\$		Years	There	D	rivers Lience #		State	
Business Home Bas	sed?	No	Location:	Lease/Own	Owned	Lease Terr	n	Mont	hly Rent
Landlord / Mortgage	e Co.	NONE F&C				Conta	ct		
Contact Phone	-			Ce	II _		Emai	I _	
Bank Name/Branch	TD BAI	NK		Contact	WHOME	VER IS ON DUTY	Phone	(954) 39	9-9947
Trade Reference#1	NONE	COD		Contact			 Phone		
Trade Reference#2				Contact			– Phone		
Trade Reference#3				Contact			– Phone		
I hereby represent that all	the above i	nformation is	true and unde	erstand that m	naking false sta	tements might be cons	sidered fraud. By p	roviding the a	bove 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 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	MILTON FRIEDMAN	Date	12/10/2019
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