Money	/Works >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Patrick

DBA Name	David Dooley		Le	Legal Name		Dooley Farms		
Type of Business		Farming		 Та	ax ID	314566966		Sole Prop
Full Business Addre	SS	6309 East Ca	scade Rd, Rockv	ville In.				
Full Billing Address								
Phone at Location		(765) 344-1	(765) 344-1719		Best Phone (812	) 201-6836	Fax	
Business Email		clctrolley@	1791.com		Website			
Years In Business		32	Average T	icket		Gross Annual S	ales <u>85,000.00</u>	
Do you currently ha	ave cash	n advance?	Yes	With who? _			Balance	
Current Credit Card	l Proces	sor			Average	Processing Volui	me	
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	David D	oolev		Title	Farmer			
Date of Birth	Dooley			– SSN	314-56-69	66		
Full Home Address		ast Cascade Rd R	ockville In.	_				
Home Phone	(765) 3	44-1719	Cell Phone	(812) 201-6	836 Email	clctrolle	y@1791.com	
Own/Rent	\$ 0 Ov	vn	Years There _	D	rivers Lience #	_	State	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #		State	
Business Home Bas	ed?	Yes Loc	ation: Lease/Ow	n Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co.	Riddell Bank			Conta	nct _		
Contact Phone			Ce	ell		Email		
Bank Name/Branch			Contact	<u> </u>		Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above	information is true	and understand that i	making false sta	tements might he con	sidered fraud. By prov	viding the above informati	on 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	David Dooley	Date	01/17/2017
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