MoneyWorks > Direct ADMINISTRAT	TIVE FORM PLEASE FAX TO:1.646.417.5809
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DBA Name		07/07/2007		Le	gal Name	07	/07/2007			
Type of Business		Lawncare sr	nowplowing	Ta	x ID	82	3778658		_	LLC
Full Business Addre	!SS	24200 perch	lake rd							
Full Billing Address										
Phone at Location		(315) 771-6	858	B	est Phone <u>(3</u>	315) 771	L-6858	Fax		
Business Email		shannonnuk	1@aol.com		Website					
Years In Business		07/0	Average Ti	cket		Gro	ss Annual Sal	es <u>60</u>	0,000.00	
Do you currently h	ave cash	advance?	Yes	With who? Fo	orq			Baland	te <u>14000</u>	
Current Credit Card	d Process	or			Avera	ige Proc	essing Volum	e _		
Last Month Vol.		#oi	Tickets		2nd Month Vo	ol		#of Tic	kets	
3rd Month Vol.		#o1	Tickets		4th Month Vo	ol		#of Tic	kets	
Owner #1 Name	Jason Gil	more		Title	Owner					
Date of Birth	10/09/19			- SSN	096-66					
Full Home Address		erch lake rd		_		7 7 4 0 1				
Home Phone	(315) 77		Cell Phone	(315) 771-68	358 Email		shannonnı	uk1@aol.co	om	
Own/Rent	\$ 0 Ow		Years There 1		ivers Lience #	61215	•	State	NY	
										_
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	sed?	Yes Loca	ation: Lease/Owr	n Owned	Lease T	erm		Monthly	/ Rent	
Landlord / Mortgage	e Co.	_			 Со	ntact				
Contact Phone	_		Ce	ell			Email			
Bank Name/Branch			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 r	naking false state	ements might he	considere	d fraud. By provid	ing the abov	ve information th	e annlicant(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	Jason Gilmore	Date	06/13/2018
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